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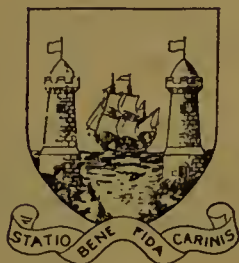
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COUNTY BOROUGH OF CORK

REPORT OF THE
CITY
MEDICAL OFFICER
FOR THE YEAR
1953



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J. C. SAUNDERS, M.D., D.P.H.,
City Medical Officer.

PUBLIC HEALTH STAFF

City Medical Officer

J. C. Saunders, M.D., D.P.H.

Assistant Medical Officers

P. F. Fitzpatrick, M.B., B.Ch., D.P.H., (Deputy M.O.)

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J. P. Corridan, M.B., B.Ch., D.P.H.

Chief Dental Surgeon :

E. G. McSweeney, B.D.S.

Assistant Dental Surgeons :

R. F. Twomey, B.D.S.

S. Morrogh, B.D.S.

Public Analyst :

D. J. O'Sullivan, M.Sc., F.I.C.

Chief Veterinary Officer :

S. R. J. Cussen, D.V.S.M., M.R.C.V.S.

Assistant Veterinary Officer :

P. A. Meegan, M.R.C.V.S.

Chief Health Inspector :

T. F. Murray, M.R. San. I.

Health Inspectors :

D. J. Murphy

R. J. Woodnutt

J. C. Dinneen

Miss N. Dunn

Miss E. T. Barrett M.Sc.

D. Prior

F. Kiely

B. J. Kennedy

P. J. Kiernan

D. O'Shaughnessy

Nursing Staff :

Miss M. Gillespie¹

Miss H. Neville¹

Miss A. O'Kelly-Lynch¹

Miss E. O'Beirne²

Miss N. O'Sullivan²

Miss M. O'Sullivan³

Miss C. Curran³

Miss A. Sammon³

Miss M. Bowen⁴

Mrs. M. Shanahan⁴

Port Sanitary Clerk and Inspector :

J. P. Kieran

(1) Maternity and Child Welfare. (2) Tuberculosis. (3) School Medical Service.
(4) Dental Service.

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SUMMARY OF STATISTICS

Area (in Acres)	2,511
Population (Census of Population 1951)	74,567
Density of Population (persons to the acre)	30.1
Rateable Value	247,617
Sum represented by a Penny Rate	£1,031
Number of Births (Total)	1,444
Live Births	1,402
Birth Rate	19.3
Number of Deaths	888
Death Rate	12.3
Maternal Mortality Rate	0.69
Infantile Mortality	30.0
Zymotic Death Rate	0.17
Tuberculosis Death Rate	0.57

*To the Lord Mayor, Aldermen and Councillors,
of the County Borough of Cork.*

MY LORD MAYOR, ALDERMEN AND COUNCILLORS,

I beg to submit my Annual Report on the State of the Public Health of the City during the year 1953. The general death rate and the tuberculosis death rate remain practically unaltered in comparison with the figures for 1952, which were the lowest so far recorded. There was a very marked reduction in infant mortality, the figure for which now stands at 30 per 1,000 births, the lowest ever recorded in this area. The figure for 1952 was 47 and the lowest previous figure 35 (in 1951). The incidence of diphtheria was also a low record (one case only being notified) and there was no death from the disease. Deaths from epidemic diarrhoea also reached their lowest level. In general it may be said that the health of the city was quite satisfactory.

Once again I have to thank those who contributed to this report—Dr. P. F. Fitzpatrick, Dr. M. Curtin and Dr. J. Corridan for the records in tuberculosis, child health and school medical sections respectively. Professor W. J. O'Donovan, Professor H. N. Walsh, Mr. D. J. O'Sullivan, (City Analyst), Mr. S. R. J. Cussen (Chief Veterinary Officer. Miss F. Corcoran, for her help in the section on Vital Statistics and Miss M. O'Sullivan for assembling the figures in the School Medical Section. Mrs. Dorothy West of Ballinacurra deserves our thanks, also, for the interesting and invaluable weather records which she kindly sends us from the weather recording station at Ballinacurra.

I have the honour to remain,

Your obedient servant,

J. C. SAUNDERS.

FOREWORD

VITAL STATISTICS

The *population*, as determined by the census of 1951, amounts to 74,567 (comprising, approximately, 34,700 males and 39,800 females). The figure represents a net reduction of 1022 persons as compared with the previous census. As pointed out in the last year's report the reduction is more than accounted for by the movement outwards into the suburban areas of large numbers of people previously resident in the city. The combined city and suburban population is now estimated to be 112,000. Cork is still a markedly congested city, as may be seen by comparing it with the three other County Boroughs, containing more persons to the acre than any of them despite the appreciable dilution of density which has been going on over the past twenty years or more. This continued congestion calls for an increased effort in speeding up the building of houses for the working classes, since it signifies that large numbers are still living in surroundings detrimental to health.

The *birth rate*, at 19.3 per 1,000 was the lowest so far recorded and was substantially below that of the previous year (21.7 per 1,000). It is not possible to assign a definite cause for this reduction. It may be entirely adventitious, in which case time alone will throw light on it. Such reductions have been recorded in the past in other directions and they have been balanced by increases in subsequent years. It has been suggested that the reduction is due to the outward movement of the population into the suburban area, but it should be pointed out that the rate is based on the urban population at the time of the census and is worked out as the number of births per 1,000, so that any amount of outward migration should not affect the rate unless it could be shown that the migration comprised an undue preponderance of married women of child-bearing age—an unlikely contingency. It is, of course, unwise to generalise on the figures for a single year. One can only await the outcome of several years of observation before deciding whether the sharp decline in the birth-rate of 1953 represents a trend or not. Examination of the figures in the appropriate section (page 12) however shows that, apart from minor fluctuations, the birth rate remained fairly steady from 1881 to 1949 since when there has been a rather marked decline. At the same time it is important to stress that it is not so much the *birth rate* as the *fertility rate* which counts. As already mentioned the birth rate is based on the total number of persons in the population whereas the fertility rate is worked out on the basis of the number of births per 1,000 married women between 15 and 45 years of age. If any inferences at all are to be drawn from the present figures they should be based on such a calculation. Among the things which have come to light in connection with our collection of vital statistics is the steady decline in the number of children born in their parents' homes. In 1944 this was 59.3 per cent. of the total whereas in 1953 the proportion was only 35.8 per cent. This is of interest and of some importance indicating as it does the steady increase of pressure on the available bed accommodation in local maternity hospitals which has not kept pace with the demands made upon it.

The *death rate* at 11.9 per 1,000 may be regarded as stationary, for the time being at least. Last year the figure was 11.8 and this was the lowest ever recorded. The previous lowest was 13.0 recorded in 1951 so that, on the whole, the figure may be taken as a fairly substantial reduction on the prevailing average for previous years. Once more heart disease was the principal cause of death and the number recorded

was somewhat in excess of that of the previous year (340, compared with 300). Cancer is second on the list with 126 deaths (121 in 1951), cerebral haemorrhage third, senile decay fourth and pulmonary tuberculosis fifth. Tuberculosis is gradually going down in the list of important causes of death. At one time it was the principal cause and there was a period when it represented no less than 25 per cent. of all causes of death. That figure has now dwindled to 4.8 per cent but is still the chief cause of death in the ages between 15 and 40 years—the most productive period of life—and so calls for continued efforts at prevention. There were 29 deaths from this cause in 1953 as compared with 34 in 1952, a reduction which was offset by an entirely unexpected increase in the number of deaths from *non-pulmonary* tuberculosis.

In the case of *infant mortality* it is with no little satisfaction that we refer to the low record figure of 30 per 1,000. The figure for 1952 was 47 and before that the lowest figure ever recorded was 38 per 1,000 in 1951, so that the current figure represents a very substantial achievement indeed the main credit for which is shared by the Paediatric Unit at St. Finbarr's Hospital on the one hand and, on the other, our Child Health Clinic at the City Hall and it affords me real pleasure to couple with these units the names of Dr. Richard Barry and Dr. Michael Curtin who by their hard work and high degree of technical skill have achieved a success really worthy of note. The preliminary figures of the Registrar General indicate that infant mortality in Cork was substantially lower, not only than that of other urban areas, but than that of the country as a whole. The latter figure was 39 per 1,000. The figure for Cork City is now within the range achieved by far wealthier communities which, incidentally, record far *lower birth rates*, a factor which in itself tends to lower infant mortality in an appreciable degree. Table 4 demonstrates the trend of infant mortality in this area.

The average for the decennium 1891/1900 was 134. For the 1941/50 decennium it had fallen to 81. The highest recorded figure was 152 in 1897. Of the 74 recorded deaths in 1952, very nearly half (32) fell under the heading of premature birth and congenital debility. It is apparent therefore that if there is to be any further reduction it will be effected only by tackling the problems which give rise to such deaths—a difficult and painstaking task. The various causes of infant mortality are discussed in Section VI and the role of diarrhoeal diseases in Section II (infectious diseases).

There was a considerable reduction in the number of recorded cases of *infectious disease* (467 as compared with 1,195 in 1952). The principal factor in this reduction was a decline in notifications of measles, from 746 in the previous year to 56. These cyclical epidemics of measles are now the principal source of notifications so far, at least, as mere numbers are concerned. They occur at intervals of two or three years. Apart from scarlet fever, (which has maintained itself in the form of a low grade epidemic entirely unassociated with mortality) there has appeared to be a steady decline in the incidence of infectious disease over the years. This has been very notable in the case of *diphtheria* of which only one case occurred during the year. Taking into consideration the epidemic waves of the disease which scourged the city in former years this may be regarded as a notable achievement. How long this happy state of affairs is liable to remain it is impossible to say. It will depend largely on the co-operation of

parents in our diphtheria immunisation scheme. Our present position is entirely attributable to this scheme. We know that the diphtheria bacillus has not been eliminated—sporadic cases of the disease afford us the warning, whether it will ever assume epidemic form will depend entirely on the number of children who are immunised. A careful study of table 10 will repay anyone interested in this matter. There was no death from diphtheria during the year, but we had a sharp reminder of its dangerous nature in the two deaths which occurred in 1952.

Epidemic diarrhoea. 1953 was probably the best year in our annals. In the first place the number of cases (82) was the third lowest in our records (64 cases were notified in 1948 and 71 in 1946) but there was only one death which is the lowest number so far recorded. The number of deaths in 1952 was 5; in 1951 it was 6 but before these years the toll of diarrhoea was very heavy each year, as will be noticed from an examination of table 14. The part played by the reduction of deaths from gastro-enteritis in the total reduction of infant mortality was adverted to by me in the report for 1951, the main credit for which must go to the gastro-enteritis unit set up in St. Finbarr's Hospital. This has achieved a notable success. It will be remarked that there has been no striking reduction in morbidity, the saving of life has been achieved under the headings of mortality and case fatality i.e. by improved treatment. I have also had to advert to the role of artificial feeding in the causation of this disease and it is with regret that one notes the abandonment of breast-feeding by increasing numbers of mothers. This is a matter that has been under investigation by Dr. Michael Curtin and will be the source of a communication to one of the journals. One has to deplore the increasing numbers of mothers who refuse to nurse their babies though quite capable of doing so. The ill-effects of this practice are not confined to immediate results, they may be spread over the whole lifetime of the deprived victim.

TUBERCULOSIS

Tuberculosis continues to be our principal public health problem. This statement may appear to be contradictory, more especially when we consider what has been said above concerning its tendency to take a lower place among the principal causes of death; but it still continues to be the principal cause of death among young men and women and for this reason merits serious consideration. On the basis of recorded figures the death-rate may (for the time being at any rate) be assumed to be stationary although a very slight increase in the mortality rate was recorded for the year (0.57 per 1,000 as compared with 0.55 in 1952). However since the rate for 1952 was the lowest ever recorded and that for 1953 the second lowest the position is not unsatisfactory. In actual fact there was a substantial reduction in the number of *pulmonary* deaths (from 34 to 29) so that the pulmonary rate (0.38 per 1,000) was the lowest so far achieved. There was however an entirely unexpected increase in *non-pulmonary* deaths (from 7 to 14) and it was this which was responsible for the slight increase in the combined rate for the year. An examination of the death returns did not reveal anything striking. In actual fact the total figures (non-pulmonary) are too small to be of any statistical significance and it is quite probable that the increased number this year will be reflected in a corresponding decrease next year. It has been noted of recent years that there has been a tendency for deaths to be delayed and to occur more frequently

in later age groups than used to be the case. This tendency is noticeable in the table 24 which sets out deaths in the various age groups but, again, figures for individual years for such a circumscribed area are somewhat on the small side and accordingly are of doubtful value. They must be read with reserve. It will be noted that for the whole period of the table (29 years) a substantial total of over 2,600 persons is involved. Of this total 1,154 come within the 15/35 years group and by adding the 35/45 years group the number is raised to 1,763 or approximately 67 per cent. of the total deaths.

This is the keynote of the tuberculosis problem and it emphasises the importance of pressing forward with remedial measures. In last years report I indicated the four headings under which these measures are embraced but they are so important that they require further stress and repetition. They are as follows :

1. The isolation of the open infectious case for the longest possible period coupled with a generous measure of financial assistance for the dependent relatives ;
2. The more rapid provision of houses for the working classes ;
3. The more extended application of mass miniature radiography (M.M.R.) and
4. The increased use of tuberculin testing and B.C.G. vaccination.

Just before this went to press the results of an investigation into tuberculosis among Irish immigrants came to hand. It lends point and emphasis to the two latter recommendations. The findings were published in *THE LANCET* of July 17, 1954 and they are of such importance that they should be carefully studied by everyone concerned with the prevention of tuberculosis in this country and especially in these who, through stress of economic circumstances may be forced to leave it. At the outset it should be said that the article, though strictly factual, has been written with sympathy and understanding and disposes once and for all of the myth that the Irish, as a race, are more susceptible to tuberculosis than other races. It explains clearly the concept I endeavoured to convey in the annual report of 1941 that persons migrating from semi-isolated rural communities and who have never been exposed to immunising doses of the tubercle bacillus are particularly liable to develop virulent forms of the disease when they suddenly find themselves in a heavily infected environment.

Unhappy experience has shown—e.g. in nurses—that it is the *tuberculin negative group** exposed to massive infection which is particularly liable to develop tuberculosis. This is the weak point in our defences where the invader pours in unmolested and our western ports provide much grist for the tuberculous mill. Further, as Simmonds puts it, “the terminal stations of railways are in effect also ports of London.” The introduction of a group of individuals possessing a relatively low level of national resistance and a high proportion of negative reactors into the lower social levels of an urban environment, where they are almost certain to meet with repeated and possibly heavy infection, must clearly lend to the emergence of a proportionate quota of new cases of tuberculosis which, in turn, may infect others of the resident stock. Since it is a perennial process, happening the world over, it seems difficult to escape the conclusion that here may lie one of the chief means by which tuberculosis perpetuates itself as a social disease. The young Irish girl arriving in Islington, finding a job as a waitress, and living in a single room, earning more money

* Italics are mine J.C.S.

but probably eating less well than she did on the farm at home; her brother, physically robust but immunologically fallible, entering a slum in the heart of Glasgow, where tubercle bacilli lurk in greater concentration than almost anywhere else in Britain, the young Scot he might meet there, from Highland or Hebridean croft, in little better case than himself as regards natural resistance; the cousin who emigrates to New York or Chicago; the other cousin who, though not leaving Ireland, goes to Dublin, Cork or Belfast, only to meet the same hazards; the African student arriving in London; Indian peasant boys crowding into a hovel in Calcutta or Bombay, or Egyptian fellaheen into Cairo or Alexandria—all these examples suggest the same basic pattern of conditions: low degree of inherited resistance, high degree of tuberculin-negativity, susceptible age-groups, poor standard of living—providing a distressingly suitable human culture medium for the waiting bacillus.

This is a clear picture of the danger lying in wait for the young man or woman, of any nationality, who leaves a rural community to take up residence in an urban one, especially if housing and social conditions generally are bad, and they almost invariably are in the case of young people migrating from this country. It is imperative that their danger should be clearly understood and it should be known that the average Irish emigrant is at grave risk of contracting virulent and rapidly progressive tuberculosis. "It was apparent," the authors state, "that in many of the Irish patients an acute onset with rapid progression was common." The burden of this report is that the main, if not the only reason, for the higher susceptibility of Irish migrants (in comparison with the resident population) is that they have come from surroundings in which tuberculosis has not been prevalent, that they have not developed resistance to the disease and, accordingly, that they are *tuberculin negative*. In last year's report I endeavoured to explain why it was that the tuberculin negative subject was so much more at risk than the tuberculin positive (the article stresses this point repeatedly) and why the tuberculin positive person was so much better able to cope with infection when it came his way, the whole thesis leading up to the practical points that we now have a thoroughly tried and controlled method of converting tuberculin negatives into tuberculin positives—B.C.G. Vaccination, and so rendering them highly resistant to the tubercle bacillus and infinitely more likely to resist it if subsequently infected. "If our experiences with B.C.G. vaccination," the authors write, "of nurses and other staff at Clare Hall Sanatorium is at all typical (we have had no tuberculous lesions whatever in over 100 vaccinated since B.C.G. was introduced in May, 1949), the vaccination of tuberculin-negative Irish immigrants *before they leave home* should be a matter for serious consideration." Taking into consideration the unhappy fate of so many young men and women who migrate from this country to Britain and the United States it should be *sine qua non*.

There is, unfortunately, a tendency to decry every new advance in science and much of this deprecation comes from within the ranks of the medical profession itself. We saw it in this city in a very marked degree in the early days of diphtheria immunisation and there is the same small core of obscurantism to-day hindering the more rapid progress of B.C.G. vaccination. But B.C.G. is not new. It is over forty years since Calmette and Guérin began the investigations which resulted in the production of the vaccine which has now been administered to millions of persons the world over. It is not claimed that the protection afforded by B.C.G. is absolute. No known method of immunisation affords such protection but it is the only known protection against tuberculosis and is our main hope in the prevention of the disease subject to the over-riding consideration put forward by the authors of THE

LANCET article that "this suggestion does not imply any relaxation in other measures at present being applied to combat or prevent tuberculosis. It is in no sense a substitute for good nutrition, improved housing or adequate treatment of the infectious patient. It should however, buttress an epidemiological front hitherto unprotected."

It is only necessary to emphasise that the corollary of B.C.G. vaccination is the extended utilization of mass miniature radiography. The function of B.C.G. is to prevent tuberculosis, that of M.M.R. to detect the disease in its earliest and most curable stage. When one considers the enormous sums of money now being spent on the treatment of tuberculosis, the long and often wearying period of treatment, the anxiety and anguish incurred by it, it seems a very small thing to ask that all members of the community should submit themselves to these two processes in order to stamp out the disease. It will be noted from the appropriate tables in the tuberculosis section of this report that a sum of over £30,000 was expended in 1953 in this city for the provision of extra nourishment and financial allowances to tuberculous patients. Add to this the subvention for treatment in institutions the sum of £32,000 and we have a grand total of £62,000 which yields some idea of the financial burden imposed in the community to treat cases of a disease which (in the light of modern knowledge) should be preventable. These are very large sums, but they are trivial in comparison with the sum of human misery incurred by the contraction of the disease.

The following note has been contributed by Dr. P. F. Fitzpatrick, Deputy C.M.O. and Clinical Tuberculosis Officer.

The trend of public feeling towards tuberculosis appears to be one of complacency. This attitude of mind on the part of the public is encouraged (perhaps unwittingly) by the numerous announcements which are made from time to time in the press under headings designed to foster that feeling. Concerning tuberculosis we are being constantly reminded that our death rate every year is the lowest so far recorded, that new sanatoria are being provided, and that in a few years the disease will no longer present serious problems of control. The facts, as we who have to deal with these problems see them indicate the contrary. While encouragement is a good thing it would serve our cause better if these statements were related side by side with a general comment on the position compared with that in other countries.

With the arrival of drugs which destroyed tubercle bacilli, saved life and removed reservoirs of infection, it is natural that the opportunities for the spread of the disease should be reduced in frequency and the number of people who become ill from tuberculosis fewer. This in fact was our experience in Cork during 1953 where we had fewer new cases treated than in 1952. The number of new cases treated during the year is an important figure and is a measure not only of those people who by virtue of illness consult a doctor but also (and this is of paramount importance in the case of tuberculosis) it is a measure of the response on the part of the public to state sponsored measures for diagnosis and prevention, such as Mass Radiography, B.C.G. and the invitation that is extended to contacts. It is well known that one of the most fruitful sources of tuberculosis is to be found among those who live

with or work with a person who suffers from the disease. It is part of our programme of prevention to examine contacts when allowed to do so and last year as a result of these activities 49 cases were placed under treatment. None of these cases would have been found were it not that an individual approach was made to the family concerned, and these cases were found in families among which tuberculosis had already occurred. One would imagine that people, knowing the infectious nature of tuberculosis and the danger of untreated disease, would take the elementary precautions recommended to protect themselves. I regret to say that this has not been our experience. It is not always easy to induce contacts to undergo examination, we frequently meet with a blank refusal. During the last community survey, in this city personal communications were sent to 948 contacts, only 58 availed of the X-ray examination offered. A number of cases, by all the laws of probability, must have been missed as a result of the absence of these examinations. The response generally throughout the country to Mass Radiography has been disappointing. Among organised groups on an average only 50 per cent. respond. Cases, not all of them in the early stages, are found. When one considers that cases of tuberculosis in a community, infected as ours is, are many times more frequent in the 50 per cent. who do not present themselves for examination it will be understood how much disease and infection remains under cover. The B.C.G. investigations reveal that the latent infection remains much the same as it was in 1944 when the Red Cross survey took place. The number of new cases seen during the year is therefore far from being a true picture of the occurrence of disease in our midst. It is no more than a reflex of the number that are compelled by suffering to seek relief from a doctor and a few more discovered by what are now known to be the optimum conditions under which people who suffer from tuberculosis should be found. I refer to mass radiography. The very great majority of cases of tuberculosis which come for the first time to a chest clinic for treatment should come as a result of discovery by search among people who believe themselves to be in normal health. This can be achieved only by the more widespread use of mass radiography and depends on the co-operation of the people.

The flow of new cases and the mortality rate will continue to depend on the amount of control which is being achieved over infection. While response to control measures remains at its present level little in the way of dramatic reduction of disease can be expected, and our rates compared with other countries have room for considerable reduction. In previous reports I have stressed how slowly the people of this country were coming forward to help in the fight against tuberculosis. I am happy to state that the rehabilitation programme begun in Dublin has spread to Cork and some public-spirited citizens have established a work centre. I am familiar with the development of this movement in Cork and my experience of those who are actively engaged in its organisation leaves no doubt in my mind regarding its future. The importance of education and propaganda has long been realised and during the year the seeds were sown for such a movement. I should like to pay tribute to the members of the Trades Unions who with the Red Cross Association and the St. John's Ambulance Brigade are pioneering in this branch of tuberculosis control and whose help must be of incalculable value.

ORTHOPAEDIC SERVICE

Mr. St. J. O'Connell has contributed the following note :

The orthopaedic service continued to expand during the year 1953. In particular the services afforded by the physiotherapy department were expanded. The chief obstacle to progress at present is the shortage of beds for the hospital treatment of orthopaedic patients and many of the cases seen at the orthopaedic clinic have had to be put on a long waiting list for admission to St. Finbarr's Hospital for the necessary treatment. Due to the fact that an orthopaedic instrument fitter is now resident in Cork a speeding up of the supply of appliances has occurred.

The orthopaedic clinic was held on the first Tuesday of each month throughout the year and the total number of attendances at these clinics was 214. Among these attendances there were 41 new cases.

92 cases attended the physiotherapy department during the year, giving a total number of 2,009 attendances.

Analysis of cases treated at Physiotherapy Clinic

Poor Posture and Respiratory Disturbance	.....	.....	9
Poliomyelitis	.....	.....	9
Rheumatism (Articular and Muscular)	.....	.....	13
Flat Feet	.....	.....	9
Pains due to injury or some other cause, stiffness, etc	.....	.....	20
Manipulative treatments for Deformities	.....	.....	5
Cerebral Palsy	.....	.....	8
Peroneal Muscular Atrophy	.....	.....	1
Erbs Paralysis	.....	.....	1
Congenital Dislocation of Hip	.....	.....	2
Spondylitis Deformans	.....	.....	1
Meningitis	.....	.....	1
Fractures	.....	.....	2
Prolapsed Disc	.....	.....	3
Torticollis	.....	.....	4
Other Conditions	.....	.....	4

Total 92

Section 1—Vital Statistics

1.—Population

The figures for the 1951 census show the population of the city to be 74,567 persons, of whom 34,715 were males and 39,852 females. The fluctuations of population which have occurred since the first available census are as follows :—

1881	.....	80,124
1891	.....	75,345
1901	.....	76,122
1911	.....	76,673
1926	.....	78,464
1936	.....	80,765
1941	.....	76,834
1943	.....	75,484
1946	.....	75,595
1951	.....	74,567

The inter-censal figures for 1941 and 1943 (in black) represent computations for the Registration of Population made in those years. In his Report in the Census of 1951 the Registrar General comments on the problems of definition which have arisen in connection with new housing schemes, whereby families are transferred from houses in towns to houses situated in the surrounding country. In such cases, when the town has legal boundaries and the new housing schemes are situated outside such boundaries, the census authorities have no option but to define new "towns." Such erections sometimes fail to achieve local recognition or even identification. When the town or village has no legally defined boundaries and when clusters of newly built houses are not far distant from the parent town the populations are usually included with the population of the town or village. Even when the towns have legal boundaries, comparisons of inter-censal changes of population for the identical areas may be misleading. Thus the population of Cork County Borough will be seen to have *declined* from 75,595 to 74,567 (or by 1.4 per cent.) between 1946 and 1951. When, however, the adjacent North City and South City suburbs are included the population of the city and suburbs *increased* from 108,022 to 112,009, or by 3.7 per cent. in the last inter-censal period. This problem is especially acute in the larger expanding conurbations.

It has, of course, been evident for many years that the city has been expanding (particularly in a southern direction) with greatly increased rapidity. Expansion in other directions too has been evident and in order to judge the full effect of this it is helpful to know the location and delimitation of these suburbs. They are defined in the census report as follows :

North City Suburbs : The townlands of Ballinamought East (otherwise Montenotte), Lota Beg, Ballyvolane, Closes, Commons, Coppingers Acro, Farranferris, Gurranebraher, Kerryhall, Kilbarry, Kilnap, Knockfree, Knocknabohilly, Knocknaheeny, Knockpogue, Mount Desert, Parknaglantane, Shanakiel. The entire North City Suburbs contain 9,835 persons and have increased in population by 6.6 per cent. since 1946.

South City Suburbs comprise the townlands of Ardarrig, Ballybrack, Douglas, Grange, Maryboro, Monfieldstown, Mounthovel and Donnybrook. They are contained in the District Electoral Divisions of Bishoptown and Blackrock. The entire South City Suburbs contain 27,607 persons and have increased in population by 19.0 per cent. since 1946.

On the basis of these figures it is computed that the actual *increase* in population in each of these suburbs during the inter-censal period was as follows :

North City Suburbs	.....	.....	.....	600
South City Suburbs	.....	.....	.....	4,400
				<hr/>
Total				5,000 persons

which is almost exactly the amount by which the City population decreased.

The total City and Suburban population, as ascertained by the 1951 Census is therefore :

County Borough	.....	.....	.....	74,567
North Suburbs	.....	.....	.....	9,835
South Suburbs	.....	.....	.....	27,607
				<hr/>
Total	.....	.....	.....	112,009

This is a fairly close approximation to the computation which was ventured in the Report for 1951 and which put the figure as being somewhere between 100,000 and 110,000. It is obvious that the population is now moving, and moving with increased rapidity, out of the narrow and confined river valley which has constituted Cork City since its foundation until very recent times. This is all to the good. Cork has always been a congested city, in which respect it has compared unfavourably with the other County Boroughs and any movement outwards is almost sure to be reflected in improved health statistics. Among other interesting features the Census Report gives the *density of population* in the various conurbations. For the four County Boroughs the figures (which indicate the number of persons to the acre) are,

Dublin	.....	.....	.....	23.8 (23.1)
Cork	.....	.....	.....	29.6 (30.1)
Limerick	.....	.....	.....	10.7 (20.7)
Waterford	.....	.....	.....	14.5 (14.3)

The figures in brackets relate to the findings in the 1946 Census. It is to be noted that we occupy an unenviable position. The marked reduction in the Limerick figure was brought about by an expansion of the Borough boundary in the intervening period. In this respect such figures may be deceptive. A similar extension of the Cork Borough Boundary would bring about a corresponding reduction in our figure for congestion without any real relief of it, but as pointed out in last year's report there is no real doubt that our geographical position has entailed a high degree of real congestion in the past from which we are now only beginning to emerge. Consideration of facts such as this, taken in conjunction with other more specific health problems (such as the eradication of tuberculosis) call for an added effort in the provision of more houses in the outlying areas.

For Public Health and Home Assistance purposes, the city is divided into seven Dispensary Districts the respective populations of which have been shewn to be.

District	General Location	Persons
No. 1	North East	13,035
„ 2	North (part of)	9,467
„ 3	North (part of)	9,030
„ 4	North West	8,591
„ 5	Centre	5,988
„ 6	South West	10,204
„ 7	South East	18,253
	Total	74,567

A comparison of the corresponding figures in the two census years is of some little interest.

District	1946 Census	1951 Census	Relation
1	13,120	13,035	— 85
2	9,721	9,476	— 345
3	8,955	9,020	+ 65
4	8,193	8,591	+ 398
5	6,706	5,988	— 718
6	10,514	10,204	— 310
7	18,386	18,253	— 133

Table 1—Cork City Population Census 1951. Age and Sex Grouping.

Age Group	Males	Females	Total
Under 1 year	817	792	1,609
1-4	3,021	2,970	5,991
5-9	3,305	3,218	6,523
10-14	3,395	3,255	6,650
15-19	3,130	3,428	6,558
20-24	2,799	3,086	5,885
25-29	2,597	3,075	5,672
30-34	2,199	2,684	4,883
35-39	2,136	2,771	4,907
40-44	2,127	2,498	4,625
45-54	3,737	4,448	8,185
55-64	2,599	3,539	6,138
65-69	1,070	1,445	2,515
70-74	938	1,342	2,280
75-84	788	1,131	1,919
85 and over	57	170	227
Totals	34,715	39,852	74,567

2.—Births

There are two methods by which births are computed, registration and notification. *Registration* refers to the obligation on the parent or other responsible person to lay the necessary facts before the Registrar of Births, Marriages and Deaths (in this country the local Dispensary doctor) within the statutory period of 42 days. *Notification* relates to a similar legal obligation to inform the Chief Medical Officer within 36 hours of the birth. In practice it is the midwife who notifies the Medical Officer. The object of notification is to enable the local authority to afford advice and assistance to the parents if called for. Either may be used for estimating the number of births and calculating certain dates arising from it. Registration is regarded as slightly more accurate since it takes into consideration births which have taken place outside the district concerned and have not come to notice of the authorities. The number of such births is not large and it makes no significant difference to the rates emerging from the figures. Notification is more convenient since the information is to hand very much earlier and accordingly vital statistics can be computed more rapidly.

The total number of births *notified* in Cork during 1953 was 1,444 of which 1,402 were live births. There were therefore 42 still born babies. These still-born babies represent a serious social problem. Neo-natal deaths now represent the great bulk of our infant mortality and if they could be obviated the latter would dwindle to vanishing point. The birth-rate represented by the above figure was 19.3. The general trend of the birth rate is shewn by the following figures :

1881-90	.....	.....	.....	.....	26.2
1891-1900	.....	.....	.....	.....	27.2
1901-10	.....	.....	.....	.....	26.0
1911-20	.....	.....	.....	.....	24.7
1921-30	.....	.....	.....	.....	23.5
1931-40	.....	.....	.....	.....	22.6
1941	.....	.....	.....	.....	21.8
1942	.....	.....	.....	.....	22.2
1943	.....	.....	.....	.....	23.2
1944	.....	.....	.....	.....	24.7
1945	.....	.....	.....	.....	22.4
1946	.....	.....	.....	.....	24.0
1947	.....	.....	.....	.....	23.9
1948	.....	.....	.....	.....	24.5
1949	.....	.....	.....	.....	25.0
1950	.....	.....	.....	.....	21.4
1951	.....	.....	.....	.....	21.8
1952	.....	.....	.....	.....	21.7
1953	.....	.....	.....	.....	19.3

The birth-rate for the whole country was 21.1. The birth-rate for Cork City for each year from 1881 to 1950 is set out in the report for 1950.

These rates represent crude birth-rates and the crude birth-rate is affected by the age distribution of the population, the numbers of married women at the reproductive ages, the proportion of these that are married and the fertility of married women. It is, therefore, advisable to relate total births to the number of women aged 15-44 years and legitimate births to the married women at the same ages. This has been done in the Annual Report of the Registrar General for the year 1950. The relevant table shews the result for each administrative area and is reproduced below so far as it relates to the County Boroughs. Standardised rates are also shewn in this table. These rates indicate what fertility would have been in each area if the age distribution of the married women in each area had been the same as that in the State. They eliminate the effect in the crude rate of differences in age distribution of married women between the areas.

Table 2.—Number of Births in 1950 per 1,000 population and per 1,000 females aged 15-44 and number of legitimate births per 1,000 married females aged 15-44 in the four County Boroughs.

County Borough	Total Births per 1,000 Population	Total Births per 1,000 Women aged 15-44	Legitimate Births per 1,000 Married Women 15-44 years	
			Crude	Standardised
Dublin	22.5	90.7	238.5	233.7
Cork	22.0	92.5	237.1	230.1
Limerick	23.1	101.0	236.6	225.0
Waterford.....	23.0	103.3	251.1	243.6

For various reasons, in many parts of the country, the general trend has been for mothers to arrange for their confinements to take place in maternity hospitals and private homes. The particulars set out in the following tables have been obtained from the forms of notification :

Table 2.—Proportion of Children born in Parents' homes.

Year	Total Notifications	No. Born at Home	Proportion to Total Notified Births
1944	1,754	1,041	59.3 per cent
1945	1,710	875	51.1 "
1946	1,797	968	54.3 "
1947	1,850	1,021	55.1 "
1948	1,823	1,130	61.5 "
1949	1,670	930	52.8 "
1950	1,628	855	52.4 "
1951	1,651	861	52.1 "
1952	1,620	694	42.8 "
1953	1,444	528	35.8 "

It is difficult to assess the relative merits in the two cases. Statistically it has been shewn that it is safer for the mother to be confined at home from the point of views of infection and mortality but, in the past at any rate, the higher mortality in institutional practice was, no doubt, in part related to the more difficult cases undertaken. From the infants point of view (if it may be stated thus) there is no doubt as to which is the more favourable environment.

The number of *illegitimate births* notified during the year was 8 representing 0.5 per cent. of the total *notified births*. The corresponding figure for the previous year was 14 being 0.8 per cent. of the total births.

3.—Deaths

915 deaths have been assigned to this area in the *Annual Summary* of the Registrar General for 1953. This is equivalent to a crude death rate of 12.3 per 1,000 of the population. There is some discrepancy between our figures collected locally (shewn in Table 3) and those of the Registrar General. This discrepancy has persisted in successive years and has been previously alluded to. According to our records the number of deaths was 888 (compared with 865 in the previous year). The difference, it is to be assumed, is explained by the occurrence of deaths in other places of persons normally resident in Cork, of which deaths we would be unaware.

Table 3.—Crude death rates per 1,000 persons living for Cork City and Eire (rates from 1881 to 1940 expressed as decennial averages):—

PERIOD	CORK	EIRE
1881–1890	24.2	17.5
1891–1900	24.8	17.6
1901–1910	21.2	16.9
1911–1920	19.6	16.6
1921–1930	16.2	14.4
1931–1940	15.0	14.1
1941	16.1	14.6
1942	15.9	14.0
1943	16.5	14.7
1944	18.1	15.4
1945	14.9	14.4
1946	13.7	13.9
1947	16.9	14.9
1948	13.2	12.1
1949	14.0	12.7
1950	13.8	12.6
1951	13.0	14.3
1952	11.8	11.9
1953	11.9	11.8

As in the case of births the Annual Report of the Registrar General for 1950 affords a comparison of the crude and standardised *death* rates for the various administrative units in the country in that particular year these rates are shewn in the following tables.

Table 4.—Crude and Standardised Death Rates in each County Borough in 1950.

County	Deaths per 1,000 Population	
	Crude	Standardised
Dublin	11.17	13.91
Cork ..	13.90	15.54
Limerick	10.40	13.08
Waterford	14.06	15.89
Whole Country	12.71	12.71

The crude death rate varied from 8.5 per 1,000 in Dublin County to 15.56 per 1,000 in Cavan. The effect of standardisation is to reduce this range of variation. The lowest standardised rate was 10.45 in Dublin County (exclusive of Dun Laoghaire) and the highest was 15.89 in Waterford Co. Borough. The crude rates are markedly affected by different age distributions of the population and standardisation eliminates the affect of age on the death rate.

Table 5.—Crude and Standardised Death Rates in each County Borough in 1925/27 and 1945/47.

County Borough	Crude rates per 1,000 Population			Standardised Rates per 1,000 Population		
	1925/ 27	1945/ 47	Percentage Decrease (+ = increase)	1925/ 27	1945/ 47	Percentage Decrease (+ = increase)
Dublin	16.4	13.7	16.5	23.0	17.1	25.7
Cork	16.1	15.4	4.3	22.3	17.2	22.9
Limerick	16.6	14.8	10.8	24.1	18.6	22.8
Waterford	15.3	18.6	+21.6	19.7	21.0	+ 6.6
Whole Country	14.5	14.5	0.0	16.1	14.5	9.9

Table 6.—Infant Mortality (*figures from 1881 to 1940 expressed as decennial averages*).

PERIOD	Births	Deaths Under 1 Year	Deaths per 1,000 Births*
1881-1890	2,096	255	120
1891-1900	2,072	278	134
1901-1910	2,032	254	125
1911-1920	1,826	209	114
1921-1930	1,853	157	85
1931-1940	1,829	152	83
1941	1,680	142	85
1942	1,706	171	100
1943	1,781	197	113
1944	1,721	188	108
1945	1,690	156	89
1946	1,756	109	62
1947	1,824	160	87
1948	1,848	87	47
1949	1,885	131	68
1950	1,599	81	50
1951	1,616	62	38
1952	1,553	74	47
1953	1,402	43	30

* To the nearest whole number.

Individual figures for each year in Tables 3 and 6 are set out in the Reports for 1950 and previous years.

Table 7 is an analysis of the deaths recorded during the year. This table is compiled from weekly returns collected by us from the Registrars of Deaths in each of the dispensary districts. It is based on Abstract V. of the Registrar General's Annual Report but differs from it in certain respects. It has been our practice to split up "other forms of tuberculosis" under headings appropriate to the site of the disease and similarly "other defined diseases" are assigned to various more definitely defined causes. Long experience in handling these returns causes considerable doubt as to the validity of the assigned cause of death in a great many instances and, consequently, to the statistics arising therefrom. However, taking them by and large over the years, one must suppose that they represent trends and, as such, are of some value. They are presented for what they are worth. The number of deaths in this table amounts to 888, The *Annual Summary* of the Registrar General assigns 915 deaths to Cork City, a difference of 27. Each year a discrepancy occurs between the two sets of figures which is very difficult to explain.

Table 7.—Analysis of Causes of Death at different age-periods during the year 1953.

CAUSES OF DEATH	Total	SEX		Un. 1 Yr.	1 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 and up
		M.	F.											
Poliomyelitis	1	1	—	—	—	1	—	—	—	—	—	—	—	—
Influenza	7	3	4	—	—	—	—	—	—	—	1	2	3	1
Encephalitis	1	1	—	—	—	—	—	—	—	1	—	—	—	—
Cerebro-Spinal Fever	3	2	1	—	2	—	1	—	—	—	—	—	—	—
Pulmonary Tuberculosis	29	22	7	—	—	—	3	6	4	6	4	4	1	1
Other Tuberculosis	14	9	5	—	—	2	3	3	1	3	1	1	—	—
Cancer	126	64	62	—	—	—	—	1	6	19	37	37	22	4
Diabetes	4	2	2	—	—	—	—	—	1	—	1	1	1	—
Hemiplegia :														
(a) Haemorrhage	56	21	35	—	—	—	1	—	3	2	8	17	23	2
(b) Thrombosis	31	13	18	1	—	—	—	—	—	1	6	11	8	4
Heart Disease	340	166	174	—	—	2	3	6	7	22	58	123	99	20
Arterio-Sclerosis	19	7	12	—	—	—	—	—	—	1	3	3	10	2
Bronchitis	21	15	6	—	—	—	—	—	1	2	5	8	3	2
Broncho-Pneumonia	28	17	11	6	1	—	—	—	1	1	6	5	6	2
Lobar Pneumonia	23	11	12	4	2	—	—	—	1	2	1	9	4	—
Other Respiratory Diseases	13	6	7	—	—	—	—	1	1	2	3	1	5	—
Gastro & Duodenal Ulcer	11	9	2	—	—	—	—	—	—	2	4	4	1	—
Diarrhoea & Enteritis	1	1	—	1	—	—	—	—	—	—	—	—	—	—
Appendicitis	1	1	—	—	—	—	—	—	—	1	—	—	—	—
Cirrhosis of Liver	2	1	1	—	—	—	—	—	1	—	1	—	—	—
Nephritis	14	7	7	—	—	—	1	1	—	1	6	2	2	1
Puerperal Causes	1	—	1	—	—	—	—	—	1	—	—	—	—	—
Prematurity, Etc.	23	12	11	23	—	—	—	—	—	—	—	—	—	—
Suicide	4	2	2	—	—	—	—	1	—	—	—	2	—	1
Other Violent Deaths	15	9	6	—	—	—	2	—	1	1	2	3	5	1
Senility	29	11	18	—	—	—	—	—	—	—	—	4	22	3
Genito-Urinary	13	13	—	—	—	—	—	—	—	—	1	8	4	—
Blood Diseases	15	9	6	1	1	—	—	1	2	—	6	2	2	—
Hypertension	5	2	3	—	—	—	—	1	—	1	—	2	1	—
Rheumatism	10	5	5	—	1	1	1	—	1	1	—	2	2	1
Central Nervous System	3	—	3	—	—	—	—	—	1	1	1	—	—	—
Gangrene	3	2	1	—	—	—	—	—	—	—	—	2	1	—
Subdural Haemorrhage	2	1	1	—	—	—	—	1	—	—	1	—	—	—
Miscellaneous	20	13	7	7	2	1	1	—	—	3	1	1	4	—
Totals	888	458	430	43	9	7	16	22	33	73	157	254	229	45

The principal causes of death (in order of importance) were as follows :

1.	Heart Disease	340	(300)
2.	Cancer	126	(121)
3.	Cerebral Haemorrhage	87	(90)
4.	Senile Decay	29	(29)
5.	Pulmonary Tuberculosis	29	(34)
6.	Broncho-pneumonia	28	(25)
7.	Lobar Pneumonia	23	(12)
8.	Prematurity, etc.	23	(32)
9.	Bronchitis	21	(21)
10.	Arterio-sclerosis	19	(25)
11.	Violence	19	(21)
12.	Nephritis	14	(21)

The figures in brackets denote the corresponding numbers last year.

Cardiac Disease. As usual this condition accounts for the great bulk of the deaths. Stress has been laid on deaths from heart disease and allusion made to the fact that the majority of them are found to be recorded in the later age-groups which gives rise to the supposition that they represent a degenerative condition rather than an infective one. This feature has been reproduced this year as shewn in the following table.

Table 8.—Analysis of deaths from heart disease.

Year	Under 5 years	5/15 years	15/25 years	25/35 years	35/45 years	45/55 years	55/65 years	65/75 years	75 yrs and up	Total
1932	—	6	2	9	17	39	50	99	36	258
1933	—	2	4	5	15	31	58	83	42	240
1934	1	3	4	5	20	17	66	103	39	258
1935	2	3	1	7	11	29	63	93	36	245
1936	4	3	3	7	6	32	64	98	48	265
1937	—	5	6	9	16	24	72	112	64	308
1938	1	2	2	2	13	35	67	106	76	304
1939	—	1	4	2	12	27	63	108	61	278
1940	2	—	5	4	12	21	66	109	74	293
1941	—	3	2	6	12	22	82	108	71	306
1942	1	1	1	5	11	25	74	131	68	317
1943	—	1	7	4	16	28	81	133	79	349
1944	1	1	3	5	13	35	63	155	114	390
1945	—	3	6	4	12	24	62	123	83	317
1946	1	1	7	8	14	18	65	115	101	330
1947	—	1	3	5	13	31	71	146	92	362
1948	—	2	2	2	6	27	74	111	87	311
1949	1	5	2	5	9	27	61	111	125	346
1950	—	—	4	5	8	23	51	129	114	334
1951	—	1	1	6	9	26	58	130	110	341
1952	3	1	4	1	5	19	40	118	109	300
1953	—	2	3	6	7	22	58	123	119	340
Totals	17	47	76	112	257	582	1409	2544	1748	6792

Table 9.—Trend of mortality from the three principal causes of death in Cork City from 1932.

Year	Condition		
	Heart-Disease	Cancer	Pulmonary Tuberculosis
1932	258	98	111
1933	240	114	106
1934	258	111	107
1935	245	133	115
1936	265	121	85
1937	308	117	96
1938	304	106	99
1939	278	143	86
1940	293	114	96
1941	306	125	88
1942	317	149	106
1943	349	120	107
1944	390	123	118
1945	317	116	86
1946	330	92	79
1947	362	120	126
1948	311	130	81
1949	346	117	69
1950	334	100	66
1951	341	125	41
1952	300	121	34
1953	340	126	29

Cancer. The number of deaths attributed to this disease recorded by us was 126 as compared with 121 in the previous year. The corresponding figures of the Registrar-General are 116 (uncorrected) and 112. The discrepancy observable here, no doubt, is due to a difference in classification, all forms of malignant disease being classed by us under this heading. For comparative purposes the Registrar-General's are the more correct figures. On the basis of 116 deaths the rate was 1.5 per 1,000 of the population.

Phthisis Death Rate. The deaths from pulmonary tuberculosis numbered 29 equivalent to a rate of 0.38 per 1,000 of the population. The corresponding figures for last year were 34 and 0.45 per 1,000 respectively.

Infant Mortality. The number of deaths of children under one year of age was 43 which is equivalent to a rate of 30.0 per 1,000 live births. In the previous year the number of deaths was 74 and the rate 47.0 per 1,000. The contributory factors are discussed in Section IV.

Maternal Mortality. There was 1 death from causes under this heading during the year. The maternal mortality rate was 0.62.

Infectious Disease Death Rate. The number of deaths from the principal infectious diseases was 13 equivalent to 0.17 per 1,000 of the population. Of the deaths so recorded 7 were due to influenza, 3 to cerebro-spinal fever and one each to gastro-enteritis, encephalitis and acute poliomyelitis.

Table 10.—Deaths from the principal epidemic diseases during the past ten years.

Year	Typhus Fever	Typhoid Fever	Scarlatina	Puerperal Fever	Diphtheria	Measles	Diarrhoea	Whooping Cough
1944	—	—	—	2	5	6	65	28
1945	—	—	—	—	3	—	50	—
1946	—	—	—	—	2	4	18	—
1947	—	—	—	—	—	—	32	5
1948	—	—	1	—	—	—	19	5
1949	—	—	—	—	—	4	43	4
1950	—	—	—	—	—	—	19	1
1951	—	—	—	—	—	—	6	—
1952	—	—	—	—	2	3	5	1
1953	—	—	—	—	—	—	1	—

Deaths from Violence. In the 19 recorded instances the causes of death was as follows :—

Falls	.....	.....	.....	.....	9
Suicide	.....	.....	.....	.....	4
Drowning	.....	.....	.....	.....	2
Miscellaneous	.....	.....	.....	.....	4

The number of deaths attributed to motor car accidents is as follows :

1934	.....	4	1944	.....	1
1935	.....	7	1945	.....	0
1936	.....	6	1946	.....	6
1937	.....	6	1947	.....	6
1938	.....	2	1948	.....	4
1939	.....	2	1949	.....	1
1940	.....	3	1950	.....	3
1941	.....	3	1951	.....	4
1942	.....	4	1952	.....	7
1943	.....	3	1953	.....	—

Table 11.—Deaths from certain infectious and other diseases (*expressed as decennial averages from 1881 to 1940*).

Period	Smallpox	Measles	Scarlet Fever	Typhus	Wh. Cough	Diphtheria	Typhoid	Diarrhoea	Pulmonary Tuberculosis	Non-Pluy. Tuberculosis	Lobar Pneumonia	Cancer	Violence	Prin-Zymotic Diseases (Ratio Per 1,000)
1881-1890	—	33	17	31	35	7	13	47	266				11	2.4
1891-1900	—	22	5	8	30	4	14	51	281				17	2.0
1901-1910	—	6	5	3	29	8	8	52	278				20	1.5
1911-1920	—	16	5	1	22	16	5	50	202	70	124	71	19	1.5
1921-1930	—	15	3	0.5	16	28	2	25	135	32	86	86	31	1.2
1931-1940	—	5	3	—	7	12	0.5	43	102	26	47	115	26	0.8
1941	—	6	—	—	—	5	—	36	88	19	17	125	29	0.5
1942	—	—	—	—	2	21	—	52	106	16	27	149	25	1.0
1943	—	—	—	—	4	17	—	52	107	23	23	120	23	0.8
1944	—	6	—	—	28	5	—	65	118	27	23	123	29	0.6
1945	—	—	—	—	—	3	—	50	86	28	16	116	16	0.1
1946	—	4	—	—	—	2	—	19	79	22	17	92	26	0.3
1947	—	—	—	—	5	—	—	32	126	21	20	120	31	0.1
1948	—	—	1	—	5	—	—	19	81	16	20	130	23	0.1
1949	—	4	—	—	4	—	—	43	69	14	14	117	20	0.7
1950	—	—	—	—	1	—	—	19	66	11	22	100	24	0.4
1951	—	—	—	—	—	—	—	6	41	9	25	125	24	0.6
1952	—	—	—	—	1	2	—	5	34	7	12	121	27	0.2
1953	—	—	—	—	—	—	—	1	29	14	23	126	19	0.2

NOTE : *Lobar pneumonia*—The high average figure (124) for the decade 1911-20 is probably related to the wave of pandemic influenza of 1918 and 1919, when 247 and 248 deaths *respectively* were attributed to this cause.

Section II—Infectious Diseases

The various enactments, referred to in previous reports, covering the notification of infectious disease have been repealed by the Public Health Act 1947 and have been replaced by the Infectious Diseases Regulations, 1948, the second schedule of which specifies the following diseases to be infectious diseases :

Acute Anterior Poliomyelitis	Paratyphoid A.
Anthrax	Paratyphoid B.
Brucellosis (undulant fever)	Pemphigus Neonatorum
Cerebro-Spinal Fever	Plague
Cholera	Psittacosis
Diphtheria	Puerperal Pyrexia
Dysentery	Puerperal Sepsis
Encephalitis Lethargica	Rubella
Epidemic Diarrhoea and	Salmonella Infection*
Enteritis	Scabies
Erysipelas	Scarlet Fever
Gonorrhoea	Smallpox
Haemorrhagic Jaundice	Soft Chancre
(Weil's Disease)	Syphilis
Infective Hepatitis	Tinea Capitis
Infective Mononucleosis	Tuberculosis
Influenzal Pneumonia	Trachoma
Malaria	Typhoid
Measles	Typhus
Ophthalmia Neonatorum	Whooping Cough
	Yellow Fever

Primary Pneumonia was removed from the Schedule of Infectious Diseases by the Infectious Diseases Amendment Regulations, 1949.

General.

Notifications of infectious disease received during the year amounted to 467 (the corresponding figure for the previous year being 1,195. The number of cases of scarlet fever notified was 247 (as against 216 in the previous year) and of measles, 56 (the corresponding figure in 1952 having been 746. Both were relatively mild in character. There was no death from scarlet fever. The only other disease, under this heading, occurring in significant numbers was the so-called *epidemic diarrhoea* of which 82 cases were reported.

* Added in accordance with the provisions of Art. 4 of *Infectious Diseases (Amendment) Regulations*, 1948.

Deaths from infectious disease numbered 13. They occurred under the following headings :

Disease	1953	1952	1951	1950	1949
Gastro-enteritis	1	5	6	19	43
Measles	—	3	—	—	4
Whooping Cough	—	1	—	1	4
Influenza	7	—	37	9	6
Encephalitis	1	—	—	1	2
C.S. Fever	3	7	5	4	—
Diphtheria	—	2	—	—	—
Poliomyelitis	1	—	—	—	—

DIPHTHERIA

Only one case occurred during the year, which is the lowest number ever recorded by us. It would be very dangerous to adopt an attitude of complacency in the face of such a fact. The two deaths which occurred in 1952 are a reminder of the treacherous nature of diphtheria and of the need for securing the maximum degree of immunisation amongst the child population.

Table 12.—DIPHTHERIA. Incidence, morbidity and fatality rates from 1890 (*expressed as decennial averages to 1940*) :—

PERIOD	Cases	Morbidity*	Deaths	Fatality†
1890–1899	17	0.22	5	29.4
1900–1910	30	0.39	7	23.0
1911–1920	68	0.89	11	16.1
1921–1930	384	4.96	28	7.3
1931–1940	147	1.85	18	12.2
1941	62	0.80	5	8.1
1942	372	4.84	21	5.6
1943	326	4.25	17	5.2
1944	172	2.70	5	2.9
1945	95	1.24	3	3.1
1946	46	0.61	2	4.3
1947	18	0.25	0	—
1948	10	0.10	0	—
1949	7	0.09	0	—
1950	10	0.10	0	—
1951	6	0.09	0	—
1952	5	0.06	2	40.0
1953	1	0.01	0	—

* Representing the number of cases per 1,000 population.

† Expressed as the number of deaths per 100 recorded cases.

The figures for each of the individual years embraced in this table are available in the reports for the year 1950 and the years preceding.

Diphtheria Immunisation

The total number of children who completed the full course of treatment during the year was 939.

Table 13.—Attendance of new cases at Diphtheria Prevention Clinic.

Year	Primary Schick Negative	Completed Full Course	Total	Not Completed Course
1929	—	1,802	1,802	—
1930	154	2,857	3,011	505*
1931	324	1,777	2,101	436
1932	91	422	513	208
1933	159	592	751	61
1934	826	1,716	2,542	432
1935	173	1,118	1,291	8
1936	458	1,741	2,199	22
1937	165	960	1,125	212
1938	106	708	814	205
1939	87	355	442	69
1940	87	552	639	90
1941	109	576	685	60
1942	367	3,795	4,162	891
1943	306	1,081	1,387	321
1944	80	654	734	99
1945	106	622	728	145
1946	67	454	521	103
1947	154	633	787	103
1948	198	724	922	178
1949	51	909	960	212
1950	76	1,050	1,126	393
1951	142	1,300	1,442	488
1952	—	3,162	3,162	917
1953	—	939	939	229
Totals	4,286	30,499	34,785	6,387

The reduced attendances for 1953 were, no doubt related to the more urgent B.C.G. campaign in the schools. A special effort by the School Medical officer and his staff in 1952 met with a considerable degree of success and is reflected in the figure (3,162) of immunisations recorded in that year. It is generally recognised now that the demand for the reduction of tuberculosis is of a more pressing character than that of diphtheria and that tuberculin testing and B.C.G. vaccination should be given precedence over diphtheria immunisation. The former procedure is a relatively complicated one and it was felt to be inexpedient to press forward with a further campaign against diphtheria while that against tuberculosis was being actively operated.

The *total number of cases* dealt with, (according to age-groups) is shewn in the following figures.

(1) Treatment Incomplete—

0-1	.....	.....	.....	.....	44
1-2	.....	.....	.....	.....	66
2-3	.....	.....	.....	.....	20
3-4	.....	.....	.....	.....	16
4-5	.....	.....	.....	.....	16
5-10	.....	.....	.....	.....	51
10 and over	.....	.....	.....	.....	16

(2) Treatment Complete—

0-1	.....	.....	.....	.....	303
1-2	.....	.....	.....	.....	248
2-3	.....	.....	.....	.....	63
3-4	.....	.....	.....	.....	52
4-5	.....	.....	.....	.....	55
5-10 years	.....	.....	.....	.....	165
10 and over	.....	.....	.....	.....	53
					<hr/>
					939
					<hr/>
Total New Cases Treated	.....	.....	.....	.....	1,168
Old cases treated	.....	.....	.....	.....	198
					<hr/>
Total					1,366

Table 14.—Swab Examinations

The following figures indicate the number of swabs examined in connection with the control of diphtheria since 1928.

No.		No.	
Year	Examined	Year	Examined
1928	980	1941	711
1929	1,353	1942	3,509
1930	2,872	1943	3,237
1931	1,936	1944	1,546
1932	1,022	1945	1,363
1933	878	1946	856
1934	1,203	1947	520
1935	924	1948	499
1936	633	1949	406
1937	1,092	1950	450
1938	1,124	1951	423
1939	714	1952	316
1940	747	1953	286

EPIDEMIC DIARRHOEA

82 notifications were recorded during the year. This figure is a decrease of 54 over that for the previous year. It represents a morbidity rate of 1.1 per 1,000. The deaths numbered 1, yielding a fatality rate of 1.2 per cent. of cases notified and a mortality rate of 0.01 per 1,000 population. The main factors in the causation of this disease, one of the most serious in childhood, have been referred to repeatedly in these reports and need not be laboured again. The principal existing cause is, of course, the substitution of bottle-feeding for breast-feeding and the subsidiary causes (arising from this) are unhygienic milk production and distribution, unsuitable methods of feeding, ignorance or carelessness in the preparation of feeds, insanitary surroundings and over-crowding. The dangers arising from these secondary causes can be entirely eliminated by the adoption of breast feeding. The results obtained by dis-

tributing the figures into months and quarters (according to date of occurrence) is shewn in the sub-joined tables :—

Month	Cases	Deaths	Month	Cases	Deaths
Jan.	2	—	July	12	—
Feb.	8	1	Aug.	11	—
March	2	—	Sept.	17	—
April	4	—	Oct.	10	—
May	8	—	Nov.	2	—
June	6	—	Dec.	—	—

The distribution according to *quarters* was as follows

	Cases	Deaths
1st Quarter	12	1
2nd ,,	18	—
3rd ,,	40	—
4th ,,	12	—

Many cases of gastro-enteritis are indeed not true cases of epidemic disease but arise from dietetic indiscretions on the part of those responsible for the feeding of the infant. Cow's milk, once more, has been associated in marked degree with the incidence of the disease.

It has already been stated that 82 notifications were received ; of these we failed to trace 4 in the investigations which followed. Subtracting this number we were left with a residue of 78 cases traced and investigated. Of these two only were breast-fed. These figures speak for themselves. In conjunction with the corresponding figures for each year since 1935 they are analysed in the next table.

Table 15.—Gastro-enteritis and Method of Feeding

Year	Number of Cases according to Manner of Feeding			Cases Untraced	Total
	Breast	Cow's Milk	Dried Milk		
1935	18	128	6	26	178
1936	7	198	5	16	261
1937	18	204	8	51	246
1938	14	108	5	15	142
1939	9	148	13	27	197
1940	13	202	9	62	286
1941	4	173	6	35	218
1942	11	168	24	24	227
1943	10	90	18	30	148
1944	5	128	17	29	179
1945	4	84	11	13	112
1946	2	56	4	7	69
1947	4	73	17	16	110
1948	2	45	7	10	64
1949	—	87	16	44	147
1950	1	48	15	19	83
1951	2	81	20	23	126
1952	4	84	28	20	136
1953	2	60	16	4	82
Totals ...	130	2165	245	471	3011

During the period covered by this table 2,540 cases have been investigated and in 95 per cent. *artificial feeding* was the method employed. It is to be noted that these figures do not pretend to complete accuracy and since we do not know the actual number of children at risk in each year we cannot postulate the relative danger of each method of feeding but taken together, the evidence is clear enough that any child subjected to artificial feeding is greatly imperilled thereby and further it can be stated that when artificial feeding is adopted the danger is very much greater when cow's milk is employed. This, no doubt, is due to faulty methods in preparing feeds and unhygienic conditions generally in the homes. There seems to be much greater risk from cow's milk than from dried milk.

Table 16.—Epidemic Diarrhoea. Return of Cases notified and Deaths registered, together with the Mortality, Morbidity and Case-fatality Rates arising therefrom (*expressed as decennial averages to 1940*).

Year	No. of Cases	Rate per 1000 Population (Morbidity)	DEATHS		
			Number Recorded	Mortality Rate	Case Fatality Rate*
1911-20	159	2.0	50	0.6	31.2
1921-30	73	0.9	25	0.3	33.8
1931-40	184	2.4	43	0.6	23.6
1941	218	2.8	36	0.5	16.5
1942	227	2.9	52	0.7	23.0
1943	148	2.0	52	0.7	35.1
1944	179	2.4	65	0.6	36.3
1945	114	1.4	50	0.5	43.8
1946	71	1.0	19	0.2	26.7
1947	111	1.4	32	0.4	28.6
1948	64	0.8	19	0.2	28.1
1949	147	1.9	43	0.5	22.5
1950	83	1.1	19	0.2	22.8
1951	126	1.6	6	0.08	4.7
1952	136	1.6	5	0.08	3.7
1953	82	1.1	1	0.01	1.2

For figures for the individual years from 1907 to 1950 the annual report for 1950 (or preceding years may be consulted).

TYPHOID FEVER

For the eighth successive year no case of this disease was recorded.

Table 17.—Incidence and Case Fatality of Enteric Fever in Cork City from 1881.

<i>Period</i>	<i>Cases</i> (Decennial averages 1881-1940)	<i>Incidence</i> (Decennial averages 1881-1940)	<i>Deaths</i> (Decennial averages 1881-1940)	<i>(Fatality</i> <i>Rates</i> Decennial averages 1881-1940)
1881-1890	7.35	0.97	13.3	18.1
1891-1900	82.6	1.08	12.6	17.9
1901-1910	54.3	0.69	8.4	15.0
1911-1920	55.2	0.73	5.7	18.3
1921-1930	11.6	0.15	2.1	18.1
1931-1940	2.3	0.03	0.3	13.0
1941	12	0.15	0	—
1942	0	—	0	—
1943	0	—	0	—
1944	3	0.03	0	—
1945	3	0.03	0	—
1946	0	—	0	—
1947	0	—	0	—
1948	0	—	0	—
1949	0	—	0	—
1950	0	—	0	—
1951	0	—	0	—
1952	0	—	0	—
1953	0	—	0	—

Details for each individual year from 1881 appear in reports for 1950 and previous years.

The greatest recorded epidemic of typhoid in Cork City occurred in the year 1920, when 244 cases were recorded and 13 deaths occurred. It is believed that the actual numbers of cases and deaths were considerably larger than these figures represent. Particulars of this outbreak were published in the *Journal of Hygiene* (Vol. XXXIV. No. 2, 14th June, 1934) and was, by permission of the editors and publishers reproduced in the Annual Report of 1934. A study of the records makes it apparent that typhoid was endemic in this city for generations. There have been several major outbreaks in the past. It is only after 1928 that we note a steady and maintained fall in the incidence. There is no reason to doubt that contamination of the water was the precipitating factor since the disease ceased to be water-borne after the installation of the Candy filtration plant in 1928. Any cases which occurred since that time were sporadic and had no association with the water supply.

TYPHUS

For the twenty-fourth successive year there has been no case.

Table 18.—Incidence and Case Fatality of Typhus Fever in Cork City from 1881.

(The figures from 1881 to 1950 represent decennial averages)

Year	Cases	Incidence per 1,000	Deaths	Fatality Rate
1881-1890	387	4.85	31	7.70
1891-1900	48	0.64	8	15.75
1901-1910	11	0.14	3	26.13
1911-1920	4	0.04	1	22.10
1921-1930	1	0.01	—	33.30
1931-1940	—	—	—	—
1941-1950	—	—	—	—
1951	—	—	—	—
1952	—	—	—	—
1953	—	—	—	—

Major outbreaks of this disease occurred in 1881 (1,406 cases), in 1882 (683 cases), in 1883 (844 cases), in 1884 (456 cases) and in 1885 (159 cases). From that year it remained endemic with a steadily declining incidence until 1929 when it finally subsided as a clinical entity. Particulars for each of the individual years covered in the above table are available in the annual reports which have appeared before this issue.

Table 19.—Yearly Summary of Infectious Diseases.

(The figures from 1881 to 1940 represent decennial averages)

YEAR	Small Pox	Typhus	Enteric Fever	Simple Contd. Fever	Scarlatina	Puerperal Fever	Diphtheria	Erysipelas	Measles	Diarrhoea
1881-1890	0.1	387	74	130	91	—	5	18	109	—
1891-1900	0.2	48	83	30	108	4	17	46	13	—
1901-1910	0.5	11	54	34	87	5	31	37	471	161
1911-1920	—	4	55	10	105	5	68	28	194	159
1921-1930	—	1	11	—	135	5	384	29	145	73
1931-1940	—	—	2	—	195	6	147	22	267	184
1941	—	—	12	—	42	1	62	29	94	218
1942	—	—	—	—	50	—	372	38	1	227
1943	—	—	—	—	76	2	326	45	6	148
1944	—	—	3	—	85	—	172	57	370	179
1945	—	—	3	—	33	—	95	20	7	114
1946	—	—	—	—	41	2	46	26	396	71
1947	—	—	—	—	63	1	18	19	41	111
1948	—	—	—	—	86	—	10	27	25	64
1949	—	—	—	—	45	—	7	15	340	147
1950	—	—	—	—	34	—	10	25	62	83
1951	—	—	—	—	31	—	6	14	36	126
1952	—	—	—	—	216	—	5	45	742	136
1953	—	—	—	—	247	—	1	12	56	82

Detailed figures for each year from 1881 appear in Reports for 1950 and the previous years.

Table 20.—Other Infectious Diseases

Notifications in regard to other infectious diseases during the year were as follows:—

Whooping Cough	.....	31	(45)
Dysentery	.....	11	(9)
Infective Hepatitis	.....	12	(3)
Poliomyelitis	.....	3	(0)
Cerebro Spinal Meningitis	.....	2	(6)

Figures in brackets indicate corresponding notifications in the previous year.

VACCINATION

Table 21.—The figures appended herewith, which are taken from the Annual Summaries of the Registrar General, relate to the number of persons vaccinated in each locality concerned.

Year	CORK			DUBLIN			LIMERICK			WATERFORD		
	Births	Vaccinations	Pro-portion	Births	Vaccinations	Pro-portion	Births	Vaccinations	Pro-portion	Births	Vaccinations	Pro-portion
1936	1,921	1,833	95%	11,582	3,903	34%	975	622	64%	661	54	8%
1937	1,706	1,898	110%	11,652	3,199	27%	1,006	672	67%	696	71	10%
1938	1,761	1,532	87%	11,534	4,076	35%	1,030	579	55%	626	27	4%
1939	1,632	1,591	97%	11,384	3,051	27%	1,073	596	55%	614	16	3%
1940	1,670	1,050	63%	11,064	2,700	24%	984	601	61%	677	43	6%
1941	1,753	1,138	65%	11,305	3,412	30%	1,007	558	55%	613	30	5%
1942	1,706	1,065	62%	12,528	3,517	28%	1,115	763	68%	807	47	6%
1943	1,781	1,233	69%	12,673	2,005	15%	1,075	748	69%	737	58	7%
1944	1,712	1,272	74%	12,074	1,525	12%	1,002	856	85%	644	34	5%
1945	1,690	1,238	73%	12,508	1,170	9%	1,051	893	85%	676	25	4%
1946	1,756	343	19%	13,159	350	2%	1,055	487	37%	718	5	0.7%
1947	1,824	188	10%	13,643	241	1%	1,208	625	50%	673	—	—

Information as to vaccination is no longer available in the *Annual Summary*. Since the repeal of the Vaccination Acts by the Health Act, 1947 vaccination has fallen to negligible proportions. The actual figures for the past few years are as follows: 1948—53; 1949—72; 1950—94; 1951—128. Of this latter number 17 were vaccinated at the public dispensaries and 111 at the Public Health Department. 105 persons were vaccinated in 1952, of whom 102 were dealt with at the City Hall. Vaccination is now a dead letter.

(From the report of the Proceedings of Annual General Meeting, British Medical Association, Cardiff, 1953).

The conference agreed that it is in everyone's interest to be vaccinated in infancy rather than for the first time when grown up.

A resolution, which was carried, stated that "since the frequency and rapidity of travel often makes vaccination against smallpox necessary in adult life when there is a possibility of undesirable complications if the vaccination is then done for the first time, the Association declares its continued belief that it is in the interest of every individual to be vaccinated in infancy.

The resolution also contended that the Association should take immediate measures to secure the vaccination of every person at least once during infancy and it urged the Government to act for the same purpose.

Table 22.—Particulars of Articles Disinfected during the year.

	Bed Ticks	Mat- tresses	Articles of Bedding	Articles of Wearing Apparel	Miscel- laneous Articles	Total No. of Articles	Rooms Sprayed	
							D.D.T.	Formalin
January	—	14	98	81	16	209	17	27
February	—	11	39	29	37	116	33	11
March	—	13	130	13	20	176	451	26
April	1	15	118	18	13	165	33	18
May	2	23	218	64	40	347	58	38
June	—	18	97	20	13	148	38	25
July	2	35	142	5	3	187	55	15
August	—	18	82	7	39	146	60	18
September	1	18	57	7	1	84	50	20
October	1	15	76	39	3	134	45	19
November	1	11	55	159	132	358	66	23
December	—	11	58	—	20	89	50	8
	8	202	1170	442	337	2159	556	248

The number of rooms disinfected during the year was 247. This, service is now almost entirely confined to the control of tuberculosis.

Section III.—Tuberculosis

The number of deaths registered during the year was 43. This is the second lowest number recorded. The lowest (41) occurred in 1952. The tuberculosis death-rate was 0.57 per 1,000 (in comparison with 0.55 in the previous year). But for a most unusual increase in deaths from non-pulmonary tuberculosis (which increased from 7 in 1952 to 14 in 1953) there would have been an appreciable reduction in the rate. The tables which follow give us a statistical picture of the disease. The principal ones are three in number (23 to 25). The first of them (table 23) deals with deaths from the *pulmonary* form of the disease only and it is necessary to stress that the figures in the third column (rates per 1,000) do not represent the tuberculosis death rate. They represent the *phthisis* death rate. (The tuberculosis death-rate is set out in table 22).

Table 23.—Deaths and Death Rates *Pulmonary* Tuberculosis.

Year	No. of Deaths	Rate per 1,000 pop.	Year	No. of Deaths	Rate per 1,000 pop.
1891	295	3.93	1923	130	1.64
1892	303	4.04	1924	164	2.09
1893	314	4.18	1925	134	1.71
1894	296	3.94	1926	126	1.60
1895	261	3.48	1927	129	1.60
1896	299	3.98	1928	109	1.39
1897	260	3.46	1929	141	1.79
1898	283	3.77	1930	114	1.45
1899	320	4.26	1931	124	1.56
1900	281	3.74	1932	111	1.40
1901	289	3.80	1933	106	1.35
1902	287	3.79	1934	104	1.34
1903	279	3.67	1935	115	1.46
1904	352	4.63	1936	85	1.06
1905	294	3.86	1937	96	1.20
1906	261	3.43	1938	99	1.21
1907	278	3.65	1939	86	1.06
1908	245	3.22	1940	96	1.17
1909	264	3.47	1941	86	1.12
1910	233	3.06	1942	106	1.38
1911	252	3.29	1943	107	1.38
1912	231	3.01	1944	118	1.56
1913	202	2.62	1945	86	1.13
1914	231	3.01	1946	79	1.04
1915	211	2.88	1947	126	1.67
1916	189	2.46	1948	81	1.07
1917	202	2.63	1949	69	0.90
1918	187	2.43	1950	66	0.87
1919	156	2.04	1951	41	0.54
1920	159	2.07	1952	34	0.45
1921	125	1.64	1953	29	0.38
1922	176	2.30			

In table 24 the combined figures for pulmonary and non-pulmonary deaths are set out. The combined rate represents the figure generally utilised for comparative purposes.

*Based on Census of Population 1951, previous figures on Census of 1946 (which yield a higher population).

Table 24.—Combined Deaths and Death rates from *Pulmonary and Non-Pulmonary Tuberculosis*.

Year	Pulmonary Deaths	Non-pulmonary Deaths	Total	Rate per 1,000 pop.
1906	261	81	342	4.49
1907	278	84	362	4.74
1908	245	93	338	4.42
1909	264	78	342	4.47
1910	233	75	308	4.01
1911	252	73	325	4.23
1912	231	71	302	3.92
1913	202	79	381	3.64
1914	231	79	310	4.02
1915	211	72	383	3.66
1916	189	69	258	3.33
1917	202	78	280	3.61
1918	187	75	262	3.37
1919	156	58	214	2.75
1920	159	46	205	2.64
1921	125	34	159	2.03
1922	176	39	215	2.75
1923	130	32	162	2.05
1924	164	32	196	2.50
1925	134	31	165	2.10
1926	126	46	172	2.18
1927	129	35	164	2.08
1928	108	29	138	1.74
1929	141	17	158	2.00
1930	117	25	142	1.78
1931	124	46	170	2.13
1932	111	45	156	1.95
1933	106	19	125	1.56
1934	107	21	128	1.59
1935	115	29	144	1.78
1936	85	20	105	1.29
1937	96	24	120	1.48
1938	99	13	112	1.38
1939	86	14	100	1.23
1940	96	29	125	1.54
1941	86	20	106	1.38
1942	106	18	124	1.57
1943	107	23	130	1.69
1944	118	27	145	1.92
1945	86	29	115	1.52
1946	79	22	101	1.34
1947	126	21	147	1.95
1948	81	16	97	1.15
1949	69	14	83	1.10
1950	66	11	77	1.00
1951	41	9	50	0.66
1952	34	7	41	0.55
1953	29	14	43	0.57

The figures for *non-pulmonary* tuberculosis are set out in table 25. It will be noted that they do not extend farther back than 1906, which is the earliest year for which figures for this form of the disease are available. On the other hand figures for *pulmonary* tuberculosis go back to 1891.

Table 25.—Deaths and Death Rates from *non-pulmonary* Tuberculosis.

Year	No. of Deaths	Rate per 1,000 pop.	Year	No. of Deaths	Rate per 1,000 pop.
1906	81	1.06	1930	25	0.31
1907	84	1.10	1931	46	0.57
1908	93	1.08	1932	35	0.44
1909	78	1.02	1933	20	0.24
1910	75	0.97	1934	21	0.25
1911	73	0.95	1935	29	0.36
1912	71	0.92	1936	20	0.25
1913	79	1.02	1937	24	0.29
1914	79	1.02	1938	13	0.16
1915	72	0.93	1939	14	0.17
1916	69	0.89	1940	29	0.35
1917	78	1.00	1941	20	0.26
1918	75	0.96	1942	18	0.24
1919	58	0.74	1943	23	0.30
1920	46	0.59	1944	27	0.35
1921	34	0.43	1945	29	0.38
1922	39	0.50	1946	22	0.29
1923	32	0.40	1947	21	0.29
1924	32	0.40	1948	16	0.21
1925	31	0.39	1949	14	0.17
1926	46	0.58	1950	11	0.10
1927	35	0.44	1951	9	0.10
1928	29	0.36	1952	7	0.10
1929	17	0.21	1953	14	0.20

The selective effect of age on mortality from pulmonary tuberculosis has been as marked as in previous years. An attempt has been made to present this feature in the tables which follow. In table 27 we note that the figures for a period of twenty-eight years yield a total of 2,668 deaths which have been sub-divided into age and sex-groups and which exhibit a slight excess of males over females (1,429) as compared with 1,239. There is a very steep rise in mortality after the 15 year group has been passed, with a further increase in 25/35 group, a slight decline in the 35/45 group, and then a sharp decline. This is a fairly typical picture and we note too that at all ages from 15 to 35 years there is a definite excess of female deaths. Thereafter there is a substantial excess in the number of male deaths.

The following table (taken from the Annual Report of the Registrar General for 1950) is of interest in showing the effect of standardisation on the crude death rate from tuberculosis and also percentage decrease in deaths in the different areas. Only the county boroughs have been extracted.

Table 26.—Annual average death rates from all forms of Tuberculosis per 1,000 population in each County Borough, 1925/27 and 1948/50.

County Borough	Crude Rate per 1,000 Population			Standardised Rate per 1,000 Population		
	1925/27	1948/50	Percentage Decrease	1925/27	1948/50	Percentage Decrease
Dublin	2.03	1.13	44.3	1.95	1.11	43.1
Cork	2.23	1.16	48.0	2.14	1.15	46.3
Limerick	1.69	1.21	28.4	1.62	1.22	24.7
Waterford	1.98	1.37	30.8	1.95	1.39	28.7
Whole Country	1.50	0.92	38.7	1.51	0.92	39.4

Table 27.—Deaths from *Pulmonary* Tuberculosis distributed according to sex and age groups

Year	Sex	All Ages	Under 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 and over
1926-30	M	299	2	6	7	61	71	80	47	17	8
	F	325	—	6	16	75	96	67	38	18	9
1931-35	M	283	1	2	3	43	77	76	57	20	4
	F	272	1	2	10	72	80	54	36	15	3
1936-40	M	266	—	—	3	50	48	65	63	31	6
	F	193	1	1	4	43	49	47	26	19	3
1941	M	46	—	—	—	8	11	12	9	6	—
	F	42	—	—	—	5	10	14	9	4	—
1942	M	61	—	—	1	9	13	12	16	5	5
	F	45	—	—	1	17	10	7	6	4	—
1943	M	61	—	1	—	4	15	14	14	9	4
	F	46	—	—	2	15	10	8	3	6	2
1944	M	61	—	1	—	12	9	16	11	7	5
	F	57	1	—	1	13	20	8	4	8	2
1945	M	45	—	1	1	7	9	8	8	7	4
	F	41	—	—	2	6	15	7	6	1	4
1946	M	44	—	—	2	1	4	12	15	6	4
	F	35	—	—	3	10	7	9	3	2	1
1947	M	60	1	2	1	7	7	13	15	10	4
	F	66	—	—	2	16	16	16	8	4	4
1948	M	51	—	—	—	5	14	10	15	5	2
	F	30	—	1	—	7	8	8	3	1	2
1949	M	31	1	—	—	4	4	5	11	4	2
	F	38	—	2	3	7	9	4	8	5	—
1950	M	41	—	—	—	4	4	11	6	13	3
	F	25	—	—	—	3	11	2	3	4	2
1951	M	31	—	—	—	6	2	8	7	5	3
	F	10	—	—	—	2	1	2	3	1	1
1952	M	27	—	—	—	—	2	7	5	10	3
	F	7	—	—	—	1	—	3	—	2	1
1953	M	22	—	—	—	1	4	4	5	4	4
	F	7	—	—	—	2	2	—	1	—	2
Totals	M	1429	5	13	18	222	294	353	304	159	61
	F	1239	2	12	44	294	344	256	157	94	36
Persons		2668	7	25	62	516	638	609	461	253	97

The causes of the increased deaths noted in previous years were again examined. So far as the figures for the current year are concerned little can be added to the remarks made in the appropriate reports. Once again the great bulk of deaths occur in the age group between 15 and 45 years. This tendency has prevailed for many years as will be seen in table 27. The actual figures for the last twelve years, are as follows. These figures refer to *pulmonary* deaths only.

	15/25	25/35	35/45	45/55	55/65
1937	19	19	24	17	13
1938	16	27	23	24	6
1939	21	10	19	22	10
1940	24	22	24	13	10
1951	13	21	26	18	10
1942	26	23	19	22	9
1943	19	25	22	17	15
1944	25	29	24	15	15
1945	13	24	15	14	8
1946	11	11	21	18	8
1947	23	23	29	23	14
1948	12	22	18	18	6
1949	11	13	9	19	9
1950	7	15	13	9	17
1951	8	3	10	10	6
1952	1	2	10	5	12
1953	3	6	4	6	4

In the following table these age groups have been sub-divided into the sexes :—

Year	15/25		25/35		35/45		45/55		55/65	
	M	F	M	F	M	F	M	F	M	F
1943	4	15	15	10	14	8	14	3	9	6
1944	12	13	9	20	16	8	11	4	7	8
1945	7	6	9	15	8	7	8	6	7	1
1946	1	10	4	7	12	9	15	3	6	2
1947	7	16	7	16	13	16	15	8	10	4
1948	5	7	14	8	10	8	15	3	5	1
1949	4	7	4	9	5	4	11	8	4	5
1950	4	3	4	11	11	2	6	3	13	4
1951	6	2	2	1	8	2	7	3	5	1
1952	0	1	2	0	7	3	5	0	10	2
Av'age	5.0	8.0	7.0	9.7	10.4	6.7	10.7	4.1	7.6	3.4
1953	1	2	4	2	4	0	5	1	4	0

Table 28—Deaths from *non-pulmonary* Tuberculosis arranged into sex and age groups.

Year	Sex	All Ages	Under 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 and over
1932-35	M	55	7	17	5	10	3	8	4	1	—
	F	50	5	10	10	4	8	6	4	3	—
1936-40	M	54	3	19	7	5	7	3	5	4	1
	F	46	6	12	7	5	3	5	2	1	5
1941	M	11	1	1	3	2	3	1	—	—	—
	F	9	1	2	1	2	—	1	—	—	2
1942	M	8	1	3	1	—	1	—	1	—	1
	F	11	2	3	1	2	—	—	1	1	1
1943	M	13	3	4	1	4	1	—	—	—	—
	F	10	—	5	2	1	—	1	—	—	1
1944	M	10	2	6	1	—	—	—	—	—	1
	F	17	2	4	4	1	—	1	2	2	1
1945	M	19	2	5	6	3	1	—	—	1	1
	F	10	1	2	3	3	—	—	—	—	1
1946	M	12	2	3	3	—	—	1	—	3	—
	F	10	—	2	1	2	2	—	2	1	1
1947	M	12	1	2	4	1	1	1	—	—	2
	F	9	—	1	—	2	2	—	—	2	2
1948	M	9	—	5	1	2	—	—	1	—	—
	F	7	1	3	—	2	—	1	—	—	—
1949	M	3	1	1	1	—	—	—	—	—	—
	F	11	3	2	4	—	1	—	—	—	1
1950	M	6	1	5	—	—	—	—	—	—	—
	F	5	—	1	3	—	—	—	—	1	—
1951	M	4	—	4	—	—	—	—	—	—	—
	F	5	—	2	1	1	—	1	—	—	—
1952	M	5	2	1	—	—	1	—	—	1	—
	F	2	1	—	—	—	—	—	—	1	—
1953	M	9	—	—	1	3	2	1	1	1	—
	F	5	—	—	1	—	1	—	2	—	1
Totals	M	230	26	76	34	30	20	15	12	11	6
	F	207	22	49	38	25	17	16	13	11	16
Persons		437	48	125	72	55	37	31	25	22	22

Table 29.—Classification of Deaths from non-pulmonary Tuberculosis.

Cause of Death	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	Totals
Meningitis	9	10	10	12	10	12	8	6	15	9	10	16	11	15	7	12	12	11	7	9	4	2	217
Peritonitis	4	4	—	3	3	2	—	3	7	2	2	2	1	4	6	1	—	1	1	—	—	2	48
Bones and Joints	4	3	2	4	4	4	2	1	2	5	1	1	7	4	7	6	1	2	2	—	1	3	66
Genito-urinary	3	1	1	1	—	—	—	1	2	2	2	—	—	2	1	1	—	—	—	—	1	3	21
Abdominal	4	—	—	3	2	2	—	1	—	1	1	1	2	2	—	1	3	—	1	—	—	—	24
Generalised Tuberculosis	6	1	5	3	—	1	2	1	—	1	1	—	2	1	—	—	—	—	—	—	—	4	28
Glands	—	1	2	—	1	1	—	—	1	—	—	1	—	1	—	—	—	—	—	—	—	—	8
Addison's Disease	—	—	1	2	—	2	—	1	1	—	2	—	2	—	—	—	—	—	—	—	1	—	12
Skin	2	—	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	5
Miscellaneous	3	—	—	1	—	—	—	—	—	—	—	1	2	—	1	—	—	—	—	—	—	—	8
Totals	35	20	21	29	20	24	13	14	29	20	19	23	27	29	22	21	16	14	11	9	7	14	437

Tuberculous meningitis is almost invariably of human origin. With the exception of glandular disease and, possibly, abdominal tuberculosis most of the conditions listed in table 29 may be said to be of haematogenous origin and due, in the first instance, to pulmonary infection of human origin. It would seem clear therefore that the control of the human carrier or case must be the prime consideration in the attack on tuberculosis.

Table 30.—Non-pulmonary tuberculosis. Analysis of certified deaths, shewing same distributed into sex and age-groups, from 1932 to 1953 (inclusive).

Cause of Death	Sex	All Ages	Under 1 Yr.	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65 and over
Meningitis	M	111	16	55	18	16	3	3	1	—	—
	F	108	16	39	28	12	6	4	1	—	1
Peritonitis ...	M	28	4	10	6	2	1	3	—	1	—
	F	20	2	4	3	1	1	4	2	—	2
Bone and joint	M	29	—	2	5	4	5	4	1	6	2
	F	37	—	1	7	6	5	2	3	5	8
Genito-urinary	M	17	—	—	—	2	6	3	3	2	1
	F	4	—	—	—	—	1	1	2	—	—
Abdominal ...	M	11	—	4	1	1	2	—	2	1	—
	F	13	3	2	—	1	1	1	—	2	1
Generalised Tuberculosis	M	18	3	4	2	4	2	2	1	—	1
	F	10	1	1	1	2	3	1	1	1	—
Supra-renal Gland	M	6	—	—	—	1	1	—	2	1	1
	F	7	—	—	—	—	—	1	2	2	2
Miscellaneous	M	8	3	1	1	—	—	—	2	—	1
	F	12	—	2	—	3	—	2	2	1	2
TOTALS	M	230	26	76	34	30	20	15	12	11	6
	F	207	22	49	38	25	17	16	13	11	16
PERSONS		437	48	125	72	55	37	31	25	22	22

Table 31.—Proportion of Deaths from Tuberculosis (*all forms*) to Deaths from all causes in 1953.

Age Group	No of Deaths (all causes)	Deaths from Tuberculosis	Proportion
0/1	43	0	0 per cent.
1/5	9	0	0 " "
5/15	7	2	28.5 " "
15/25	16	6	37.5 " "
25/35	22	9	38.0 " "
35/45	33	5	15.1 " "
45/55	73	9	0.8 " "
55/65	157	5	3.2 " "
65 and over	528	7	1.3 " "
Totals	888	43	4.8 " "

Table 31 was computed for the first time for the year 1945. Some points emerge. In the first place it would appear that the proportions are subject to considerable fluctuation from year to year in the various age-groups and secondly that the proportion of deaths from tuberculosis to all deaths has been tending, for many years, to fall. In the quinquennium 1906–1910 the ratio was over 20 per cent. It has fallen steadily from that time. The ratio for the past seven years is shewn in the following table :—

Age Groups	Ratio of Deaths from Tuberculosis (all forms) to all Deaths (expressed as percentages).								
	1945	1946	1947	1948	1949	1950	1951	1952	1953
0/1	1.9	1.8	1.2	1.1	3.8	1.2	—	4.0	—
1/5	34.7	20.8	22.7	34.7	19.2	35.3	25.4	5.5	—
5/15	46.1	52.9	41.1	15.3	40.0	27.2	16.6	—	28.5
15/25	54.3	44.8	74.2	59.2	61.1	43.7	50.0	11.1	37.5
25/35	62.5	36.1	60.4	64.7	46.6	50.0	15.7	37.5	38.0
35/45	30.0	32.8	40.5	30.5	21.9	31.0	26.2	29.4	15.1
45/55	14.1	21.2	20.5	19.2	22.3	12.6	13.0	7.3	9.8
55/65	4.9	6.6	17.7	11.2	5.7	10.0	3.6	9.9	3.2
65 and over	2.4	2.4	1.9	1.5	2.3	0.9	0.7	0.8	1.3
<i>Totals</i>	10.4	9.7	11.5	9.7	7.9	7.6	5.0	4.7	4.8

The ratio 4.7 per cent. for 1952 is the lowest ever recorded. In 1893 the number of recorded deaths from *pulmonary* tuberculosis was 17 per cent. of the total deaths, and excepting the year 1924 when this ratio rose to 21.4 per cent. it has fallen more or less steadily. Apart from the year, 1893, there were three occasions on which the ratio either reached or slightly exceeded 17 per cent. These were the years 1905–07 inclusive. During 1938–40 the ratio was slightly over 8 per cent. and again in the war years from 1942 to 1944. When computing this ratio in the case of deaths from *all forms* of tuberculosis a picture was produced which differs only in detail from that of the *pulmonary* form of the disease. As mentioned above combined figures are available only from 1906 and in that year the highest ratio (25.3 per cent) was recorded.

The findings presented in these two tables represent the proportion of all deaths occurring which are due to tuberculosis, but they do not tell us the exact risk to which each age-group is exposed. Much, of course, depends on the number of persons in each group and it remains but to work out the actual death-rate in the individual groups by comparing the number of deaths with the number of persons in each group. This was first done in the 1945 report, the various rates being computed in the population in the different age-groups as set out in the Register of Population, 1951. The following table was compiled from the age and sex grouping set out in the Census Report for 1951 and shows the death-rate from tuberculosis in the various groups.

Table 32.—Deaths from Tuberculosis (all forms) divided into age and sex groups with the rates per 1,000 in each group, for the year.

Age Group	MALES			FEMALES			PERSONS		
	Num- ber in Group	Deaths	Rate per 1,000	Num- ber in Group	Deaths	Rate per 1,000	Num- ber in Group	Deaths	Rate per 1,000
0/1	817	0	—	792	0	—	1609	0	—
1/5	3021	0	—	2970	0	—	5991	0	—
5/15	6700	1	0.14	6473	1	0.15	13,173	2	0.15
15/25	5929	4	0.67	6514	2	0.30	12,443	6	0.48
25/35	4796	6	1.20	5759	3	0.52	10,555	9	0.85
35/45	4263	5	1.18	5269	0	—	9532	5	0.52
45/55	3737	6	1.60	4448	3	0.67	8185	9	1.10
55/65	2599	5	1.92	3539	0	—	6128	5	0.81
65 and over	2853	4	1.40	4088	3	0.7	6941	7	1.00
<i>Totals</i>	34,715	31	0.88	39,852	12	0.30	74,567	43	0.57

Table 33.—Deaths from tuberculosis (all forms) expressed as rates per 1,000 in each age group. Based on the Register of Population 1941 and the Census returns of 1946 and 1951.

Year	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 35 years	35 to 45 years	45 to 55 years	55 to 65 years	65 and over
1944	3.25	1.84	0.42	1.83	2.61	2.62	2.23	2.57	1.32
1945	1.95	1.34	0.84	1.39	2.17	1.57	1.84	1.36	1.59
1946	1.18	0.89	0.64	0.98	1.20	2.39	2.58	1.89	0.89
1947	1.18	0.89	0.50	1.96	2.40	3.11	2.96	2.52	1.49
1948	0.59	1.60	0.07	1.96	2.03	2.18	2.45	0.94	0.60
1949	2.96	0.88	0.57	0.83	1.29	0.96	2.45	1.41	0.45
1950	0.59	1.07	0.21	0.53	1.38	1.39	1.16	2.83	0.75
1951	0.00	0.07	0.67	0.27	1.17	1.28	0.94	0.56	0.66
1952	1.86	0.17	0.00	0.08	0.29	1.05	0.61	2.28	0.58
1953	—	—	0.15	0.48	0.85	0.52	1.10	0.81	1.00
Avg. Rate	1.35	0.87	0.41	1.03	1.53	1.70	1.81	1.72	0.93

TUBERCULIN TESTING AND B.C.G. VACCINATION

The Cork Branch of the Irish Red Cross Society undertook a survey of the City Schools during the years 1944-46, the purpose of which was to ascertain to what extent tuberculosis infection was present generally in the community. The results of this survey were published in *The Irish Journal of Medical Science*, April, 1947. Since then no general tuberculin testing was undertaken until the local B.C.G. campaign was launched in April, 1953. In the former survey a total of 7,320 tests were administered to children up to 17 years of age and yielded 66.7 per cent. of positives over the entire group. The more recent campaign undertaken by the National B.C.G. Committee team under the direction of Dr. R. Martin, yielded figures of a closely comparable nature. Full particulars of the findings in the Red Cross survey were published side by side with the B.C.G. results available at the time and the proportions of *positives* 66.7 and 63.4 per cent. respectively. The B.C.G. figures (totalling just over 3,000) covered the period approximately from April to July. In the following table the figures represent the period from April to 31st December.

Table 34.—Return of Cases submitted to Tuberculin Test and B.C.G. Vaccination during the year.

Age Group	Number* Tested	Positive	Proportion Positive	Number Vaccinated
0.5 years	229	85	42.9 per cent.	144
5-10 "	3,420	1,984	58.0 "	1,414
10-15 "	3,375	2,376	72.6 "	893
15-20 "	1,067	904	84.8 "	163
20-25 "	219	206	94.1 "	13
25-30 "	78	77	98.7 "	1
30-40 "	92	90	97.8 "	2
40-50 "	43	42	97.7 "	1
50 and over	23	22	95.6 "	1
Totals	8,446	5,786	68.5 "	2,632

* Figures in this column do not actually represent the total number tested. In addition there were 680 persons of various ages who failed to return for reading or vaccination. The total number of tuberculin tests administered was 9,126.

The figures cited indicate a definitely high proportion of positive reactors in this area, from which we must infer a correspondingly high proportion of open cases of tuberculosis. It may also be inferred that practically all, if not actually all, of these actively infective cases are suffering from the pulmonary form of the disease. We have no comparable figures to indicate our position in relation to other urban areas in this country. Such information would be valuable. It would show, for example whether Cork presents certain features in regard to tuberculosis different from the remainder of the country and whether special efforts should be made here to deal with them.

Table 35.—Tuberculosis (all forms). Comparative Statement of annual death rates. (Crude).

Year	Eire	Cork	Dublin	Limerick	Waterford
1936	1.17	1.29	1.59	1.40	1.57
1937	1.23	1.48	1.59	1.49	1.57
1938	1.09	1.38	1.47	1.10	1.32
1939	1.13	1.23	1.48	1.27	1.25
1940	1.25	1.54	1.63	2.05	1.43
1941	1.24	1.38	1.56	1.58	1.40
1942	1.47	1.57	1.90	2.12	1.65
1943	1.46	1.69	1.84	1.95	1.86
1944	1.34	1.92	1.60	2.10	1.40
1945	1.20	1.52	1.60	1.80	1.80
1946	1.10	1.34	1.50	2.00	1.80
1947	1.20	1.95	1.60	1.80	1.80
1948	1.04	1.15	1.30	1.10	1.60
1949	0.9	1.10	1.00	1.50	0.80
1950	0.8	1.00	0.90*	1.00*	1.70*
1951	0.7*	0.66	0.80*	1.10*	1.20*
1952	0.5*	0.55*	0.58*	0.78*	0.83*
1953	0.4	0.57	0.53	0.41	0.62

* These figures are taken from the Annual *Summary* of the Registrar General and are subject to correction.

NOTIFICATIONS

The number of notifications received during the year was 234. Before 1930 such notifications were for the period from the 1st April to 31st March following.

1925–26	.....	.....	110	1939	.....	.....	.....	128
1926–27	.....	.....	108	1940	.....	.....	.....	114
1927–28	.....	.....	73	1941	.....	.....	.....	173
1928–29	.....	.....	116	1942	.....	.....	.....	159
1929–30	.....	.....	179	1943	.....	.....	.....	173
1930 (April–Dec.)	.....	.....	133	1944	.....	.....	.....	161
1931	.....	.....	196	1945	.....	.....	.....	169
1932	.....	.....	136	1946	.....	.....	.....	183
1933	.....	.....	164	1947	.....	.....	.....	183
1934	.....	.....	112	1948	.....	.....	.....	174
1935	.....	.....	154	1949	.....	.....	.....	163
1936	.....	.....	154	1950	.....	.....	.....	195
1937	.....	.....	166	1951	.....	.....	.....	244
1938	.....	.....	147	1952	.....	.....	.....	288
			1953	.....	234			

Table 36.—New Cases of Tuberculosis distributed according to Sex and Age. (Figures expressed as Yearly Average for the period 1931–1940) :—

Period	Total	Sex	All Ages	Under 5 yrs	5–15	15–45	45–60	60 and up
1931–40	147	M.	76	5	11	43	14	3
		F	71	4	10	48	16	3
1941	173	M	90	8	13	48	19	2
		F	83	8	14	51	7	3
1942	159	M	80	8	13	43	16	—
		F	79	3	18	48	6	4
1943	173	M	83	1	14	45	14	9
		F	90	1	10	66	10	3
1944	161	M	76	2	10	83	16	10
		F	85	6	18	50	3	8
1945	169	M	78	6	15	38	16	3
		F	91	7	14	56	6	8
1946	183	M	89	3	18	46	13	9
		F	94	5	11	71	6	1
1947	183	M	87	8	16	39	18	6
		F	96	7	13	60	13	3
1948	174	M	86	2	13	54	14	3
		F	88	9	14	57	4	4
1949	163	M	98	9	18	57	7	7
		F	65	4	16	37	6	2
1950	195	M	95	18	19	34	17	7
		F	100	7	16	66	8	3
1951	244	N	131	20	20	65	22	4
		F	113	15	13	73	6	6
1952	288	M	159	22	19	76	26	16
		F	129	20	23	71	14	1
1953	234	M	124	14	21	66	14	9
		F	110	18	19	57	11	5

CONTACT EXAMINATIONS

Age	Number	Cases Detected	Proportion
0–5	60	14	23.3 per cent.
5–10	95	7	7.4 „ „
10–20	108	11	11.8 „ „
20–30	87	7	8.0 „ „
30–40	187	5	2.7 „ „
40–50	120	4	3.3 „ „
50 and over	129	1	8.0 „ „
Total	786	49	6.2 „ „

HOME VISITS

The number of visits made by the Tuberculosis Nurses to homes of patients during the year was as follows :—

1st Quarter	150
2nd Quarter	346
3rd Quarter	209
4th Quarter	201
Total	906

SPUTUM EXAMINATIONS

Examination of specimens of sputum is carried out in the laboratory attached to the Tuberculosis Clinic. 663 such specimens were examined during the past year, of which 110 were found to contain tubercle bacilli while 553 were negative. Of the 663 specimens examined 120 were submitted by medical practitioners. The following table shows the number of specimens examined, and the results obtained since 1931.

Year	Total	Positive	Negative
1931	375	90	285
1932	440	94	346
1933	502	118	384
1934	519	121	398
1935	512	94	418
1936	467	93	374
1937	511	73	438
1938	336	49	287
1939	228	51	177
1940	336	88	248
1941	276	68	208
1942	295	81	214
1943	277	61	216
1944	325	67	258
1945	321	87	234
1946	325	116	209
1947	435	121	314
1948	392	106	286
1949	380	114	266
1950	568	153	415
1951	704	209	495
1952	791	170	621
1953	663	110	553
Totals	9978	2354	7644

All the examinations recorded in the above table were made by the ordinary Ziehl-Nielsen staining method as routine, 556 of them were, in addition, examined by the method of digestion with caustic soda at body temperature, centrifugalisation and culture on Lowenstein's medium. 97 of these 556 specimens yielded positive results.

Table 37.—Numbers and Results of *Cultural Examinations* of Sputum.

Year	Number	Positive	Negative
1945	30	3	27
1946	53	14	39
1947	32	2	30
1948	30	4	26
1949	94	16	78
1950	291	62	229
1951	595	152	443
1952	651	125	526
1953	556	97	459

CLASSIFICATION OF NEW CASES

This classification is based on the standards adopted at a conference of Tuberculosis Officers held in Dublin in 1944. Cases are graded, in the first instance, into those which are sputum negative and sputum positive, The latter are further sub-divided into grades corresponding to those previously recognised.

Table 38.—Classification of new cases examined at the Chest Clinic (expressed as *percentages* of the total number examined each year) :—

YEAR	<i>Sputum Negative</i>	<i>Sputum Positive</i>		
		Stage I.	Stage II.	Stage III.
1944	20	4	12	64
1945	13	4	34	49
1946	10	3	40	47
1947	7	12	40	41
1948	8	15	47	30
1949	7	7	46	40
1950	3	23	59	15
1951	1	20	68	11
1952	5	27	50	18
1953	2	25	42	31

The following table, which is introduced for comparative purposes, give the corresponding proportions for previous years.

Table 39.—Showing the proportion of early, moderately advanced and advanced cases attending the Tuberculosis Clinic for the first time expressed as percentages (1930 to 1943) :—

TYPE	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943
Stage I. (Early)	15	8	9	6	14	13	6	9	5	8	6	3	4	9
Stage II. (Moderately Advanced)	36	50	38	39	28	30	43	38	33	32	44	46	34	44
Stage III. (Advanced)	49	42	53	55	58	57	51	53	62	60	50	51	62	47

COLLAPSE THERAPY

During the year, thirty-two patients received 358 refills for artificial pneumothorax and five patients received 76 refills for artificial pneumoperitoneum. Eight patients are at present undergoing artificial pneumothorax treatment and one is undergoing artificial pneumoperitoneum treatment.

X-RAY EXAMINATION

All the cases that come for chest examination are screened. 1488 films for cases attending the dispensary were obtained on the recommendation of the tuberculosis officer.

The number of screen examinations made during the year was 1104

Year	X-ray Examinations	Screen Examinations
1943	88	253
1944	71	643
1945	92	952
1946	98	881
1947	74	931
1948	89	888
1949	268	956
1950	756	1032
1951	1145	1275
1952	1536	1388
1953	1488	1104

The average number of X-ray examinations carried out each year from 1930 to 1942 was 98.

ADMINISTRATION

The routine administrative work of the Tuberculosis Dispensary is summarised in the following paragraphs.

New cases examined :

Adults	.....	770
Children	.....	357
Total	.....	1127

New cases found to be suffering from tuberculosis :

Adults	.....	144
Children	.....	77
Total	.....	221

INSTITUTIONAL TREATMENT

In the tables which follow statistical details are given of the various institutions which have been utilised for the treatment of our cases during the past year. Early and moderately early cases of pulmonary disease have, almost all, been referred to the Cork Sanatorium at Heatherside.

Table 40.—Particulars of Institutional Treatment afforded during the Year.

	Under treatment 1st Jan.	New Cases Admitted.	Cases Dis- charged	Under treatment 31st Dec.	Cases treated during year
SANATORIA					
Males	52	106	78	80	158
Females ..	40	69	57	52	109
TOTAL ..	92	175	135	132	267
ST. PATRICK'S HOSPITAL					
Males	4	13	12	5	17
Females ..	8	16	15	9	24
Children ..	—	—	—	—	—
TOTAL	12	29	27	14	41
ST. JOSEPH'S HOSP.					
Males	9	19	20	8	28
Females ..	10	26	28	8	36
Children	—	—	—	—	—
TOTAL	19	45	48	16	64
ST. FINBARR'S HOSPITAL					
Males	20	25	30	15	45
Females ..	7	14	15	6	21
Children ..	16	19	29	6	35
TOTAL	43	58	74	27	101
NORTH INFIRMARY					
Males	1	3	4	—	4
Females ..	—	6	6	—	6
Children ..	—	5	5	—	5
TOTAL	1	14	15	—	15
SOUTH INFIRMARY					
Males	2	3	5	—	5
Females ..	—	3	3	—	3
Children ..	1	8	9	—	9
TOTAL	3	14	17	—	17
MERCY HOSPITAL					
Males	1	2	3	—	3
Females ..	—	1	1	—	1
Children ..	1	1	2	—	2
TOTAL	2	4	6	—	6
VICTORIA HOSPT.					
Females	—	2	2	—	2
Children ..	3	27	24	6	30
TOTAL	3	29	26	6	32
ST. MARY'S CAPPAGH					
Children	1	—	1	—	1
ST. JOSEPH'S, COOLE					
Children	2	—	1	1	2
ST. RAPHAEL'S PREVENTORIUM					
Children	9	13	10	12	22
FOYNES ..	4	2	5	1	6

Under the title "Heatherside Sanatorium" is included Mallow Chest Hospital, St. Colman's Hospital, Macroom, St. Fachtna's Hospital, Skibbereen, St. Brendan's Hospital, Millstreet and St. Michael's Hospital, Glenmire. These hospitals have come under the administrative authority and medical staff of the Sanatorium during the past few years and have, with extensions to Heatherside, provided a considerable number of beds. The increase in bed complement was made necessary by the demand for Sanatorium beds and has very greatly helped in the problem of placing patients for expert management. The growth of this composite institution may be studied by examining the number of patient days spent there over the years in the following figures (kindly supplied by Mr. D. O'Donovan, Secretary, Joint Committee of Management).

Year ended 31st March	Patient days
1941	5,246
1942	6,670
1943	5,689
1944	5,459
1945	8,610
1946	8,529
1947	12,354
1948	11,241
1949	20,341
1950	32,998
1951	36,750
1952	40,734
1953	41,228

The distribution of these cases (according to "patient days") for 1953 was as follows :

Heatherside Sanatorium	17,615
Mallow Chest Hospital	14,346
St. Fachtna's Hospital, Skibbereen	1,452
St. Colman's Hospital, Macroom	1,577
St. Brendan's Hospital, Millstreet	3,449
St. Michael's Hospital, Lota	2,789

These figures relate to Cork City Patients only. 41,228

Table 41.—Patients admitted to St. Finbarr's Hospital for treatment of tuberculosis.

Year	Adults	Children	Total
1938	66	15	81
1939	31	6	37
1940	39	5	44
1941	34	10	44
1942	41	11	52
1943	41	10	51
1944	44	21	65
1945	48	12	60
1946	57	10	67
1947	53	13	66
1948	55	16	71
1949	7	3	10
1950	74	25	99
1951	74	14	88
1952	55	26	81
1953	39	19	58

Table 42.—Admission of Children to St. Raphael's Preventorium (opened in 1948).

1948.	10
1949	8
1950	14
1951	24
1952	7
1953	13

In addition, 2 children were admitted to St. Senan's Preventorium at Foynes in 1953 as compared with 4 in 1952.

Table 43.—Return of number of patients treated under the Tuberculosis Scheme, during the year ended 31st December, 1953.

	Pulmonary Tuberculosis			Non-Pulmonary Tuberculosis			Total
	Children under 15 years	Other Persons		Children under 15 years	Other Persons		
		Males	Females		Males	Females	
(i) No remaining under treatment	32*	175	154	43	23	21	448
(a) On 1st Jan., 1953							
(b) On 31st Dec., 1953	63†	267	232	60	51	43	716
(ii) No. of new patients treated during year	46‡	80	57	26	10	15	234
(iii) No of cases under observation at close of year 1953	4	3	2	2	—	—	11

* Including 29 cases of primary tuberculosis.

† Including 60 cases of primary tuberculosis.

‡ Including 46 cases of primary tuberculosis.

PROVISION OF EXTRA NOURISHMENT, CLOTHING, Etc.

Sec. 4 of the Health Services (Financial Provisions) Act, 1947, provides for certain benefits for necessitous cases as follows :

- Free allowance of extra nourishment in the form of eggs, butter and milk to patients while they are awaiting admission to institutions or following discharge after an approved term of institutional treatment. Allowance per patient not to exceed : $3\frac{1}{2}$ pints of milk, $\frac{1}{2}$ lb. of butter, 7 eggs per week.
- A separate bed and, where necessary, bedding for infective patients receiving domiciliary or dispensary treatment.
- In the case of necessitous patients suitable clothing if such be necessary to derive the full benefit of treatment.

In table 44 are set out the number of persons who have benefited under this scheme and the amount of money which has been expended in connection with it.

Table 44.—Provision of Extra Nourishment, Clothing, etc. in connection with the National Tuberculosis Grant. Particulars of persons benefiting and amount expended in connection with same.

Year	EXTRA NOURISHMENT		CLOTHING		BEDS AND BEDDING		TOTAL
	Persons	Cost	Persons	Cost	Persons	Cost	Cost
		£ s. d.		£ s. d.		£ s. d.	£ s. d.
1944	67	367 17 0	73	282 13 8	6	65 12 6	716 3 2
1945	150	577 7 4	104	481 7 11	18	75 19 6	1134 14 9
1946	102	560 6 5	140	441 19 9	17	206 19 10	1209 6 0
1947	111	597 11 1	127	421 12 7	17	148 12 7	1167 16 3
1948	129	747 5 2	120	594 0 1	13	45 7 9	1386 13 0
1949	160	873 10 0	153	1011 9 3	14	31 6 9	1916 6 0
1950	181	1219 19 4	278	1146 1 0	76	167 10 6	2533 10 10
1951	280	1941 16 0	345	3003 10 6	94	433 3 6	5378 10 0
1952	355	3011 13 0	407	4414 19 9	130	1333 7 0	8759 19 9
1953	121	1190 2 1	399	4059 12 9	107	915 2 4	6164 17 2
Totals		11087 7 5		15857 7 3		3423 2 3	30367 16 11

INFECTIOUS DISEASES (MAINTENANCE) REGULATIONS, 1948

In accordance with the terms of Circular Letter No. P.H. 11/48, dated 11th February, 1948 this enactment came into force on 1st March, 1948. The number of beneficiaries and the monies expended are shewn in the following table.

Year	Persons	Amount Expended
		£ s. d.
1948	174	5,456 0 0
1949	190	10,155 6 3
1950	228	12,643 15 5
1951	314	16,931 8 6
1952	412	23,149 13 11
1953	423	24,595 13 5

Total expenditure to date £92,931 17s. 6d.

Section IV.

Maternity and Child Welfare

(A) Infant Mortality

The number of deaths of children under one year of age amounted to 43. This is equivalent to an infant mortality rate of 30 per 1,000. The figures for last year were 74 and 47 per 1,000 respectively. The corresponding figure for the whole country (Registrar-General's Annual *Summary*—subject to correction) was 39. The principal contributory factors were as follows:—

Premature birth and congenital debility	.....	23
Diarrhoea and Enteritis	.....	1
Broncho-pneumonia	.....	6
Lobar pneumonia	.....	4
Convulsions	.....	2
Miscellaneous	.....	7

Table 45.—Infant Mortality, Cork City and Eire from 1881.

Year	Cork	Eire	Year	Cork	Eire
1881	124	89.4	1918	118	80.2
1882	127	94.9	1919	100	84.4
1883	109	95.0	1920	79	77.5
1884	110	91.9			
1885	120	91.3	1921	76	72.6
1886	110	93.9	1922	93	68.9
1887	123	93.6	1923	66	66.4
1888	139	96.0	1924	87	71.6
1889	125	92.0	1925	74	67.9
1890	106	91.6	1926	130	74.4
			1927	87	70.8
1891	138	91.4	1928	76	67.9
1892	150	99.9	1929	81	70.4
1893	132	99.8	1930	77	68
1894	150	97.4			
1895	131	98.0	1931	71	69
1896	106	91.0	1932	89	71
1897	152	104.0	1933	89	65
1898	131	105.2	1934	72	63
1899	133	103.2	1935	84	67
1900	120	105.3	1936	80	74
			1937	103	73
1901	139	95.5	1938	75	66
1902	127	95.2	1939	73	65
1903	112	92.2	1940	92	66
1904	118	95.8			
1905	131	90.2	1941	85	73
1906	133	88.0	1942	100	68
1907	139	88.5	1943	113	83
1908	134	91.2	1944	108	79
1909	125	87.3	1945	89	71
1910	96	89.1	1946	62	63
			1947	87	68
1911	139	91.3	1948	47	49
1912	107	82.1	1949	68	51
1913	136	93.1	1950	50	45
1914	119	81.0			
1915	132	85.2	1951	38	45
1916	105	81.3	1952	47	41
1917	108	84.0	1953	30	39

Table 46.—Infant mortality in Cork and other Irish Cities from 1920.

Year	Cork	Dublin*	Belfast†	Limerick*	Waterford*
1920	79	152	132	109	96
1921	76	143	115	113	102
1922	93	120	94	108	94
1923	66	117	101	128	78
1924	87	119	107	90	93
1925	74	117	104	91	106
1926	130	127	112	146	114
1927	87	123	101	102	83
1928	76	102	103	117	105
1929	81	106	112	118	110
1930	77	97	78	114	91
1931	71	94	90	120	92
1932	89	100	111	91	132
1933	89	83	102	126	103
1934	72	80	80	76	92
1935	84	94	112	106	126
1936	80	114	102	95	90
1937	102	102	94	68	97
1938	75	96	96	70	99
1939	73	90	86	59	73
1940	95	91	122	70	111
1941	85	118	91	95	88
1942	100	98	90	77	91
1943	113	126	111	76	100
1944	108	125	89	136	84
1945	89	111	84	88	74
1946	62	96	61	75	67
1947	87	85	60	90	77
1948	47	48	45	80	66
1949	68	95	55	75	60
1950	50	48	49	46	42
1951	38	45	44	32	45
1952	47	34	47	51	56
1953	30	39	49	55	57

* Figures for current year obtained from *Annual Summary* of Registrar-General. Those for previous years have been corrected from figures in the *Annual Reports* of the Registrar-General for the appropriate years.

† Figures obtained from Medical Officer of Health.

Table 47.—Deaths of infants *under one month* in Cork City and the ratio of same to the total number of infant deaths (i.e., under one year), together with the comparative figures for the whole country.

Year	CORK CITY		Eire. Relation of deaths under one month to all infant deaths
	Deaths under one month	Proportion to all infant deaths	
1931	41	30.1 per cent	38.4 per cent.
1932	47	29.6 " "	35.9 " "
1933	56	33.3 " "	39.7 " "
1934	43	29.9 " "	38.7 " "
1935	39	26.2 " "	39.9 " "
1936	56	36.8 " "	40.5 " "
1937	58	31.4 " "	41.7 " "
1938	34	27.2 " "	42.4 " "
1939	47	39.8 " "	44.1 " "
1940	45	29.4 " "	42.0 " "
1941	52	30.9 " "	41.2 " "
1942	52	32.9 " "	39.5 " "
1943	91	46.4 " "	40.2 " "
1944	58	31.0 " "	41.9 " "
1945	61	39.3 " "	44.5 " "
1946	59	54.1 " "	45.5 " "
1947	68	42.5 " "	43.2 " "
1948	35	40.2 " "	46.1 " "
1949	55	42.0 " "	46.2 " "
1950	36	44.4 " "	—
1951	44	70.9 " "	—
1951	34	46.0 " "	—
1953	20	46.5 " "	—

Table 48—Deaths of infants under 1 year, shewn as neo-natal and other deaths.

Cause of Death	Neo-Natal	Others	Total
Prematurity	10	—	10
Congenital Debility	3	—	3
Congenital Malformations	5	5	10
Diarrhoea and Enteritis	—	1	1
Broncho-pneumonia*	—	10	10
Convulsions	—	2	2
Miscellaneous	2	5	7
Totals	20	23	43

† Including congenital cardiac disease.

* Including pneumonia and bronchitis.

In connection with this matter an investigation was carried out in this area, during the period 1943 to 1948, into the causes of infant deaths. One part of this enquiry was devoted to feeding and the resultant findings were of considerable interest. They are incorporated in the following table.

Table 49.—Relationship between the *mode of feeding* and infant deaths occurring **between ages 1 month and 12 months** (computed for the years 1943 to 1948 inclusive).

Cause of Death	No. of Deaths	Feeding	
		Breast	Artificial
Gastro enteritis	207	3	204
Broncho-pneumonia	101	16	85
Whooping Cough	22	1	21
Marasmus	27	2	25
Congen-Syphilis	14	—	14
Tuberculosis	10	—	10
Prematurity, etc.*	53	6	47
Meningitis	6	3	3
Infect. Diseases	5	—	5
Convulsions	21	—	21
Septic Infection	3	1	2
Miscellaneous	45	8	37
Total	514	40	474

* Including congenital debility and congenital malformations.

It will be noted that the protection afforded by breast-feeding is not confined to gastro-enteritis. Its influence is markedly felt in the case of bronchitis too and, indeed, in the infections generally. There seems to be no doubt whatever that breast-feeding is the best start in life which any child can receive. All the accumulated evidence points to this and our great problem is to find out why some mothers cannot, and others will not nurse their babies. We see, therefore, the importance of an educational campaign to foster the adoption of natural methods of feeding on a much wider scale. Such a campaign should by no means be confined to the mothers themselves. There is only too good reason to conclude that many medical practitioners and nurses do not realise the fundamental importance of this question.

(B) Child Health Service

ATTENDANCE AT CLINIC

The number of infants and children seen at the Child Health Clinic continues to increase. The total attendance during the year was 11,939. This attendance represents an increase of fifty per cent over the previous year when record attendance was also reported. In view of the increased work at the clinic, it was necessary to arrange for an extra health visitor to attend at each session. As all the health visitors have had extensive training and experience in dealing with the problems of infant feeding and management it was possible to delegate to them the duty of advising mothers on many routine problems which previously occupied a considerable part of the medical officers' time.

Cases seen by Medical Officer

The medical officer dealt with a total of 5,832 consultations which was almost 1,000 more than during the previous year. While fewer feeding problems were met with, an increased range of diseases and abnormalities were seen and these are summarised below :

Gastro-Intestinal System : Feeding disorders—319 ; Gastro enteritis—301 ; Oxyuris infestation—53 ; Aphthous stomatitis—46 ; Ascaris infestation—41 ; Coeliac disease—24 ; Thrush—19 ; Pyloric stenosis—4 ; Rumination—8 ; Abdominal tuberculosis—7 ; Oesophageal hernia—3 ; Prolapse of rectum—3 ; Steatorrhea—3 ; Gingivitis—2 ; Sixpence impacted in caecum—1 ; $\frac{1}{2}$ d. in Stomach—1 ; Pancreatic deficiency—1 ; Aerophagia—1 ; Intussusception—1 ; Others—9.

Respiratory System : Coryza—369 ; Bronchitis—202 ; Pulmonary collapse (Non Tuberculous)—20 ; Active primary tuberculosis —23 ; Active primary tubereulosis with pulmonary collapse—12 ; Asthma—12 ; Lobar pneumonia—8 ; Broncho-pneumonia—14 ; Bronchieetasis—3 ; Breath holding attacks—3 ; Tuberculous infiltration (post primary)—2 ; Laryngitis—2 ; Laryngotracheo-bronchitis—2 ; Pleural effusion—3 ; Primary tuberculosis and stridor (5 months)—1 ; Tuberculoma of lung—1 ; Milary tubereulosis—1 ; Others —12.

Cardio-Vascular System : Mitral stenosis—12 ; Rheumatic carditis—10 ; Patent ductus arteriosus—5 ; Patent interventricular septum—3 ; Other congenital heart lesions—5 ; Aortic regurgitation—2.

Skin Disease : Seborrhoea—72 ; Papular urticaria—60 ; Impetigo—41 ; Eczema—26 ; Umbilical papilloma—22 ; Skin ringworm—10 ; Cutaneous abscesses—9 ; Salivary dermatitis—9 ; Naevus—9 ; Tinea capitis—7 ; Multiple boils—3 ; Ecthyma—3 ; Giant urticaria—2 ; Sterile abscess (after immunisation)—2 ; Scabies—2 ; Angioneurotic oedema—2.

Diseases of Ear, Nose and Throat : Otitis media—127 ; Pharyngitis—24 ; Tonsillitis—10 ; Acute sinusitis—3 ; Mastoiditis—2 ; Tuberculous ulcer in tonsil—1.

Diseases of the Eye : Conjunctivitis—32 ; Blepharitis—100 ; Strabismus—9 ; Chemosis—1 ; Naso-lacrymal block with abscess—1.

Infectious Disease : Pertussis—26 ; Chickenpox—11 ; Infective hepatitis—9 ; Measles—7 ; Sonne dysentery—7 ; Scarlet fever—5 ; Poliomyelitis—2 ; Nasal diphtheria—1 ; Mumps—1 ; Flexner dysentery—1 ;

Renal System : Pyelonephritis—14 ; Enuresis—12 ; Cystitis—7 ; Vulvovaginitis—4 ; Nephritis—4 ; Phymosis—4 ; Urethral stricture—1 ; Herpetic vulvitis—1 ; Pinhole urethral meatus—1 ; Ectopia vesicae—1 ;

Congenital Defects : Umbilical hernia—43 ; Mental deficiency—7 ; Mongolism—4 ; Inguinal hernia—4 ; Genu valga (severe)—3 ; Pes planus—3 ; Cleft lip—3 ; Webbed toes—2 ; Valgus ankles—2 ; Club foot—2 ; Genu vara (severe)—2 ; Congenital absence of hand—1 ; Deformity of thumb—1 ; Bifid sacrum—1 ; Klippel-Feil syndrome—1 ; Scapocephaly—1 ;

Central Nervous System: Cerebral Palsy—12; Hydrocephalus—3; Epilepsy—2; Microcephaly—2; Cerebro spinal meningitis—2; Spasmus nutans—1; Khumpke's paralysis—1; Pseudo-hypertrophic muscular dystrophy—1.

Miscellaneous: Debility—234; Nutritional anaemia—174; Cervical adenitis—42; Trauma—26; Torticollis—12; Rickets—11; Physiological jaundice—8; Fissure in Ano—8; Marasmus—8; Pink disease—5; Generalised lymphadenitis—4; P.U.O.—3; Alveolar abscess—2; Enlarged thymus—2; Tuberculous cervical lymphadenitis—2; Fractured clavicle—2; Osteomata—2; Assymetry of face 1—; Hemihypertrophy—1; Ganglion of wrist—1; Ulcerated palate—1; Broken nose—1; Fractured skull—1; Tuberculous spine (11 months)—1; Congenital absence of sternum—1; Trauma to hip—1; Dislocated elbow—1; Winged scapulae—1; Albinism—1; Scurvy—1; Cretinism—1; Lipoma—1; Pilo-nidal cyst—1; Others—15.

Of the patients seen 101 were sufficiently ill to require admission to hospital. The majority of admissions were to the paediatric wards of St. Finbarr's Hospital with which liaison is maintained. X-ray examinations carried out during the year number 104 and 287 specimens were sent for laboratory investigations.

(C) Special Clinics

Special clinics set up during 1952 were further developed during the past year.

Screening Clinic: Screen examination of the chest is particularly useful for infants and young children in view of the ease with which oblique, lateral and lordotic views can be obtained when assessing the significance of hilar shadows. During the year, one session per week was devoted to screening and 539 screen examinations were carried out. Pulmonary collapse was the commonest radiological abnormality found. A total of 32 cases were detected, of these 12 were due to tuberculous hilar adenitis and the remaining 20 were due to intrabronchial blockage. Pulmonary collapse due to endobronchial blockage with mucous plugs is relatively common as over the past two years 35 cases of this nature have been seen at the clinic. The prognosis appears to be good, as the majority of cases cleared following treatment at the chest physiotherapy clinic. Screen examinations also proved to be of value for detecting active primary tuberculosis in infancy. During the past two years 14 cases of active primary tuberculosis in babies aged under *one year* have been seen at the clinic. All were diagnosed at a relatively early stage and with one exception all responded to treatment. Routine screening of all children suffering from bronchitis or asthma is carried out with a view to excluding underlying pathology. Apart from diseases of the heart and lungs, screen examination was also used in the diagnosis of rickets and peritoneal effusions and for the location of swallowed or inhaled foreign bodies.

Rheumatic Carditis Clinic: Recent work has shown that the continuous administration of small daily doses of oral penicillin or sulphonamides to children suffering from rheumatic carditis greatly reduces the

incidence of relapse. Two sessions per month at the Child Health Clinic are devoted to clinical examination and periodic screening of children suffering from rheumatic carditis. Oral penicillin and sulphonamides are used as a prophylactic measure and routine blood counts and B.S.R. estimations are carried out. Many of the cases seen at the clinic are referred from the paediatric department of St. Finbarr's Hospital following discharge from hospital. As a cardiac surgery department is being developed at St. Finbarr's Hospital, it is hoped that in the future it will be possible to have many cases of established mitral stenosis reviewed from the surgical point of view.

Coeliac Clinic : Since the recent introduction of the gluten free diet for treating coeliac disease there has been a remarkable improvement in outlook for children suffering from this disease. One session per month is devoted to seeing coeliac patients. At these sessions progress is assessed and complications are detected at an early stage. Through the agency of Child Welfare League, milk and other ingredients of a gluten free diet are provided at reduced cost.

Cerebral Palsy Clinic : It has been estimated that the majority of children suffering from cerebral palsy can be greatly improved and many grow up to lead normal lives if proper treatment is carried out during the early years. A start has been made in dealing with this condition and 12 children regularly attend at the physiotherapy clinic. However, as the treatment of cerebral palsy is highly specialised and time consuming, much remains to be done before the challenge presented by this disease is finally met.

Chest Physiotherapy Clinic : This clinic set up during 1952 is now firmly established and during the past year an attendance of 100 was recorded. Chest physiotherapy was particularly beneficial for children suffering from asthma and pulmonary collapse.

Premature Births

As would be expected with an infant mortality rate of 30 per 1,000, prematurity is now the most important cause of death during infancy. As a start towards assessing the problem presented by premature births, notification of all birth weights was introduced during 1952. Analysis of the first 1,080 consecutive births weights notified suggests that the premature birth rate in Cork is 7.3 per 100 births. This rate seems high when compared with rates reported from some other areas. However, it should be noted that in many areas where a premature birth rate of 5 or less per 100 births has been reported, it is the practice to notify only birth weights of 5½lbs. or less and it is now acknowledged that this procedure gives a false low rate.

Breast Feeding

A survey to determine the incidence of breast feeding and to discover the influence of various factors on the prevalence of natural feeding was begun in November, 1952 and was completed in February, 1954. While the results of final statistical analysis are not yet available, it is clear that the incidence of breast feeding is low as one infant in every three received no breast milk and less than one infant in every ten was breast fed for six months or longer.

Health Visiting

In view of the increased work at clinics the time available to health visitors for home visits was further curtailed. In the circumstances, an effort was made to concentrate on primary visits. This met with some measure of success as more than 90 per cent of babies born and resident in the city were visited on at least one occasion, however, the number of revisits were far too few. It is regrettable that it was necessary to limit the number of revisits as there can be little doubt that routine home visiting makes an important contribution towards the promotion of healthy infancy and childhood.

STATISTICS

Work Carried out at Clinic :

Attendances of infants under one year	6,217
Attendances of children one to five years	5,722
Total number of attendances	11,939

Table 50.—Summary of Cases seen by Medical Officer.

Month	Attendances			At Ages		Screen Examns.	Referred to Hosp.
	1st Visit	Re-visits	Total	Under 1 Year	1 to 5 Years		
Jan.	85	409	494	240	254	41	5
Feb.	110	317	427	231	196	42	11
March	94	408	502	260	242	50	12
April	118	225	343	170	173	39	7
May	93	274	367	197	170	27	2
June	116	375	491	240	251	39	10
July	112	317	419	242	187	44	8
Aug.	118	428	546	296	250	20	6
Sept.	126	541	667	334	333	51	14
Oct.	111	515	626	313	313	71	12
Nov.	117	479	596	294	302	69	10
Dec.	59	295	354	156	198	46	3
Total	1,259	4,573	5,832	2,973	2,869	539	100

X-Ray Examinations	104
Bacteriological and other examinations	287
Referred to Orthopaedic Clinic	24
Referred to U.V.L. Clinic	25

Debility	38
Rickets	10
Bronchitis	39
Skin Diseases	7
Others	32
Total	126

Total number of U.V.L. Treatments 2,508

RETURN OF HEALTH VISITORS WORK :

(A) Under one year :	
(1) Primary Visits	1,392
(2) Secondary Visits	4,176
 (B) One to two years	
Total Visits	532
 (C) Two to five years	
Total Visits	739
	<hr/>
	6,839
 (D) Expectant Mothers :—	
Primary Visits	582
Secondary Visits	401
	<hr/>
Total	983

(D) Notification of Births

The Acts bearing on this subject are the Notification of Birth Acts, 1907, which was adopted by the Corporation in September, 1922, and the Notification of Births (Extension) Act, 1915. These Acts place an obligation on certain individuals to notify to the Medical Officer of Health within thirty-six hours, births which have occurred in the area. The object of the Acts is to enable the Local Authority to afford advice and assistance to parents on the care and upbringing of children.

The general procedure in connection with the notification of births was outlined in my Report for the year 1942. The total number of such notifications received during the year amounted to 1,444. The number of *live births registered* during the same period, according to the Annual Summary of the Registrar-General was 1,474.

(E) Maternal Mortality

There was 1 death under this heading during the year.

Table 51.—The number of deaths of women directly attributable to or associated with pregnancy or childbirth, together with rate per 1,000 births during each of these years, for the City of Cork. (Corrected for Births and Deaths in public institutions).

Year	Deaths from Puerperal Septic Diseases		Deaths from accidents of Pregnancy or Childbirth		Deaths from causes associated with Pregnancy or Childbirth (not included in foregoing)		Total Deaths caused by, or associated with Pregnancy or Childbirth	
	No.	Rate per 1000 Births	No.	Rate per 1000 Births	No.	Rate per 1000 Births	No.	Rate per 1000 Births
1924	5	2.55	6	3.05	1	0.51	12	6.11
1925	5	2.54	5	2.54	1	0.51	11	5.59
1926	3	1.66	8	4.42	—	—	11	6.08
1927	5	2.74	6	3.28	—	—	11	6.02
1928	3	1.64	9	4.92	1	0.55	13	7.11
1929	—	—	4	2.24	—	—	4	2.24
1930	1	0.46	3	1.37	—	—	4	1.83
1931	1	0.52	7	3.63	—	—	8	4.10
1932	1	0.55	8	4.28	—	—	9	4.95
1933	1	0.54	8	4.32	1	0.54	10	5.40
1934	5	2.60	2	0.52	—	—	7	3.60
1935	1	0.51	5	2.56	—	—	6	3.08
1936	1	0.52	4	2.08	—	—	5	2.60
1937	—	—	—	—	—	—	—	—
1938	—	—	6	3.51	—	—	6	3.51
1931	1	0.58	3	1.75	—	—	4	2.30
1940	—	—	8	4.6	—	—	8	4.60
1941	—	—	5	2.9	—	—	5	2.91
1942	—	—	3	1.7	—	—	3	1.70
1943	1	0.56	2	1.12	—	—	3	1.61
1944	2	1.14	6	3.42	—	—	8	4.56
1945	—	—	4	2.36	—	—	4	2.36
1946	—	—	2	1.10	—	—	2	1.10
1947	—	—	1	0.50	—	—	1	0.50
1948	—	—	—	—	1	0.50	1	0.50
1949	—	—	—	—	1	0.50	1	0.50
1950	—	—	—	—	1	0.60	1	0.60
1951	—	—	—	—	2	1.20	2	1.20
1952	—	—	—	—	1	0.62	1	0.62
1953	—	—	1	0.69	—	—	1	0.69

Table 52.—Maternal Mortality in different areas.

Year	Whole Country			Cork County		City of Dublin		Belfast		Limerick County Borough		Waterford County Borough	
	No. of deaths	Rate per 1000 births	No. of deaths	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births
1920	326	4.8	13	55	6.0	95	7.7	3	2.9	2	2.7	2	2.7
1921	336	5.5	8	53	6.5	53	4.7	1	1.0	3	5.1	3	5.1
1922	370	6.3	7	61	7.1	55	5.1	12	11.8	—	—	—	—
1923	328	5.3	4	46	5.5	58	5.3	16	5.6	3	4.9	3	4.9
1924	330	5.2	12	46	5.0	46	4.4	1	0.9	4	5.9	4	5.9
1925	312	5.0	11	42	4.9	29	2.8	3	2.8	4	6.4	4	6.4
1926	329	5.4	11	31	3.5	57	5.5	5	4.8	—	—	—	—
1927	291	4.8	11	23	2.8	36	3.7	5	4.8	3	4.7	3	4.7
1928	318	5.4	13	31	3.5	43	4.6	5	4.5	2	3.0	2	3.0
1929	283	4.9	4	30	3.4	43	4.8	7	6.2	1	1.6	1	1.6
1930	294	5.0	4	43	4.1	44	4.6	4	3.7	3	4.6	3	4.6
1931	272	4.7	8	29	2.1	54	5.7	4	3.5	3	4.5	3	4.5
1932	235	4.9	9	33	3.1	49	5.5	4	4.0	6	8.6	6	8.6
1933	255	4.4	10	22	2.1	42	5.2	8	7.1	2	2.8	2	2.8
1934	304	5.2	7	41	3.7	57	6.3	7	1.9	—	—	—	—
1935	272	4.6	6	38	3.3	54	6.0	2	5.5	4	4.0	4	4.0
1936	273	4.7	5	42	3.5	57	6.2	6	2.0	3	4.5	3	4.5
1937	204	3.3	—	33	2.8	56	6.1	3	2.9	4	5.8	4	5.8
1938	204	3.6	6	29	2.5	48	5.2	4	4.0	3	4.8	3	4.8
1939	150	2.7	4	23	2.0	—	4.4	1	1.0	1	1.6	1	1.6
1940	227	4.0	8	21	1.9	37	4.2	3	3.0	7	10.3	7	10.3
1941	209	3.7	5	21	1.8	31	3.6	3	3.0	1	1.6	1	1.6
1942	163	2.4	3	20	1.6	31	3.2	3	3.0	2	2.5	2	2.5
1943	162	2.5	3	15	1.2	32	2.9	1	0.9	—	—	—	—
1944	176	2.7	7	18	1.4	24	2.3	1	0.9	2	2.8	2	2.8
1945	159	2.4	4	17	1.3	18	1.8	4	3.5	1	1.4	1	1.4
1946	132	2.0	2	14	1.1	23	2.2	2	1.6	—	—	—	—
1947	130	1.8	1	12	0.9	13	1.2	7	5.4	—	—	—	—
1948	124	1.9	1	8	0.6	13	1.3	3	2.7	1	1.5	1	1.5
1949	106	1.6	1	14	1.1	8	0.8	1	1.0	—	—	—	—
1950	61	1.1	2	13	1.0	6	0.7	—	—	1	1.5	1	1.5
1951	74	1.2	2	3	0.2	3	0.3	1	0.9	—	—	—	—
1952	81	1.2	1	12	0.9	9	1.0	—	—	—	—	—	—
1953	77	1.2	1	6	0.4	6	0.7	3	2.5	2	3.3	2	3.3

The above figures were obtained from the *Annual Reports* of the Registrar-General with the exception of those for the years 1949 and 1950 (which were taken from the *Annual Summary* for that year) and those for Belfast, from 1922 onwards, which were kindly supplied by the Medical Officer of Health. All figures include deaths from sepsis arising from abortion and miscarriage.

(F) Antenatal Supervision

320 expectant mothers were interviewed during the year.

As in previous years few ante-natal examinations were carried out at the clinic in the City Hall as it is considered desirable that these examinations should be carried out by a doctor skilled in the field of obstetrics and preferably by the doctor who is to be responsible for the confinement. It is the practice to refer mothers for ante-natal examinations to their own doctor or to the ante-natal departments of maternity units. Milk at a reduced rate and iron and vitamin preparations are made available for expectant mothers through a scheme administered by the Child Welfare League at the City Hall.

(G) Rhesus Factor Testing

No. of Rh. investigations undertaken during 1953	359 (431)
No. of women found to be Rh-positive (D positive)	286 (350)
No. of women found to be Rh-negative (D negative)	59 (69)
No. of repeat antibody investigations on Rh-neg. women	14 (12)
No of women found to have immune antibodies	6 (7)

The figures in brackets relate to the corresponding amount of work done in the previous year.

Table 53.—Rhesus Investigations to date.

Year	Births	Rhesus Investiga- tions	Proportion to Births	Number Negative
1949	1,670	207	12.4 per cent	38
1950	1,628	443	27.1 „ „	66
1951	1,652	401	23.6 „ „	71
1952	1,620	431	26.5 „ „	69
1953	1,444	359	25.0 „ „	59
Totals	8,014	1,841	23.0 „ „	303

(H) Supervision of Midwives

1. Number of Midwives in Practice :—

Certificate of C.M.B.	45
Other recognised certificates	16
Total	61

2. Number of Midwives according to type of practice :—

Attached to public institutions	9
Conducting only private maternity or nursing homes	6
Dealing with less than five cases per year	6
Monthly nurses	18
Others	22
Total	61

3. Number of visits of inspection of midwives	284
4. Disinfection of appliances	1
5. Reasons for summoning Medical help :—	
Abnormal presentation	1
Obstructed and delayed Labour	1
Post partum haemorrhage	1
Ruptured perineum	1
Retained (&c.) Placenta	1
Miscellaneous	2
6. Notifications of still births	56
7. Notifications of artificial feeding	802
8. Notifications of having laid-out dead bodies	—
9. Notifications of deaths	44
10. Puerperal Pyrexia	1

It was unnecessary to undertake any legal proceedings against midwives during the year.

ARTIFICIAL FEEDING

Cracked or inverted nipples	153
Health would not permit	156
Insufficient	49
Refusals (no cause assigned)	435
Business Reasons	15
	<hr/> 802

The above figures refer to all notifications received during the year and include County cases treated in City Nursing Homes.

Section V.

School Medical Service

Number of children on rolls of National Schools : 15,654.

The medical inspection of the following groups was carried out during the year :—

Entrants—Pupils born in 1947 and pupils born in 1945 and 1946 if not previously examined.

Intermediates—Pupils born in 1944 and pupils born in 1941, 1942 or 1943 who had been absent for routine examination or had not been examined previously.

Leavers—Pupils born in 1940 and pupils born in 1938 or 1939 who had been absent for routine examination or had not been examined previously.

Other Inspections—Those pupils who, at the last routine inspection, had been marked down for further observation or treatment, also those pupils examined at the request of Head Teachers, School Nurses, Parents, etc.

I. Routine Inspections	....	...	...	4,646
Entrants	.....			1,803
Intermediates	.....	.....		1,648
Leavers	.....	.....	.....	1,195
II. Other Inspections	.....	.....	.....	3,655

Table 54.—Return of Defects found by Medical Inspection for the Year ended 31st December, 1952.

Disease or Defects	Routine Inspections	Other Inspections
	Number of Defects	Number of Defects
SKIN :		
Ringworm—Scalp	3	—
Ringworm—Body	4	1
Scabies	10	3
Impetigo	43	10
Psoriasis	9	5
Other Diseases	39	13
EYE :		
Defective Vision	332	409
Strabismus	238	343
Blepharitis	26	28
Conjunctivitis	19	56
Styes	10	35
Other Conditions	18	50
EAR :		
Defective Hearing	2	9
Otorrhoea	27	116
Otalgia	7	54
Cerumen	8	18
Other conditions	6	19
NOSE AND THROAT :		
Enlarged Tonsils and Adenoids	44	164
Other Conditions	35	70
HEART AND CIRCULATION :		
Heart—Congenital	9	13
Heart—Organic	10	18
Anaemia	21	12
NERVOUS SYSTEM :		
Chorea	3	5
Epilepsy	1	—
Little's Disease	3	—
Bell's Palsy	1	—
LUNGS :		
Bronchitis	69	24
Bronchiectasis	2	8
Pneumonia (Infective and Aspiration)	6	18
Pleural Effusion (Non-Tuberculous)	1	—
Asthma	—	1
Polycystic disease	—	1
Sarcoidosis	—	1
Idiopathic pulmonary haemosiderosis	—	1
Other diseases (i.e. mild upper respiratory tract infections not included above)	5	3
TUBERCULOSIS :		
Primary pulmonary	3	2
Primary Pleural Effusion	—	1
Pericarditis	—	1
Cervical Glandular	3	2
Axillary Glandular	1	—
DEFORMITIES		
Congenital (including funnel chest and pigeon chest)	17	1
Due to tuberculosis	4	1
Due to anterior poliomyelitis	8	1
Other Deformities of Lower Limb (including flat feet, valgus ankles, genu valgum, etc.)	3	3
Other Deformities (including rickets scoliosis and torticollis)	9	2
Due to Osteochondritis	1	—
INFECTIOUS DISEASES :		
Chicken pox	4	6
Diphtheria	—	1
Infective hepatitis	—	3
Measles	1	1
Scarlet fever	1	9
Whooping Cough	—	1
Appendicitis	—	3
Celiac Disease	3	2
Froehlich's syndrome	—	1
Gout	4	3
Hernia	4	5

Disease or Defect	Routine Inspections	Other Inspections
	Number of Defects	Number of Defects
Leucorrhoea	—	1
Congenital lues	—	1
Nephritis	1	—
Raynaud's disease	1	—
Rickets	7	—
Still's Disease	—	1
Other diseases and defects	34	12
Defective Speech	12	12
Educationally subnormal	6	2
Minor injuries, etc.	16	31

Defective Nutrition

Percentage of mal-nourished children 0.04

Uncleanliness

Percentage of verminous children Boys and Girls 11.1
 " " " " Girls 18.0
 " " " " Boys 4.1

Table 55—Percentage of Conditions of Uncleanliness

	Head Nits Present	Head Pediculi Present	Body Pediculi Present
Girls	17.2	0.9	0.2
Boys	3.9	0.2	0.1

Unsatisfactory Clothing and Footgear

Boys and Girls 2.2%
 Boys 1.8%
 Girls 2.5%

Table 56.—Proportion of principal Diseases and Defects found by routine Medical Inspection.

Disease or Defects		Percentage
Defective Nutrition		0.04
Verminous Conditions		11.1
Skin		2.1
Eye	{ Defective Vision	7.1
	{ Strabismus	5.1
	{ Other Diseases and Defects	1.6
Ear		1.1
Nose and Throat	{ Enlarged Tonsils and Adenoids	0.9
	{ Other Conditions	0.8
Heart and Circulation		0.9

Lungs (Non-Tuberculous Disease)	.....	.....	.....	.....	1.8
Tuberculosis	{	Pulmonary	.....	.....	0.1
		Non-Pulmonary	.....	.....	0.1
Nervous System	.....	.....	.....	.....	0.2
Deformities	.....	.....	.....	.....	0.9
Infectious Diseases	.....	.....	.....	.....	0.1
Other Diseases and Defects	.....	.....	.....	.....	1.9

Table 57.—Average Height and Weight of Children inspected and Comparison with the Average Standard. (Baldwin and Woods Tables)

BOYS

Age	No. examined	Average Height in ins.	Average Weight in lbs.	Average Standard Weight for Height	Percentage over or under Weight according to Standard
5	240	43	43	41	4.9% over
6	521	45	46	45	2.2% over
8	337	49	56	55	1.8% over
9	437	50	61	58	5.1% over
12	314	55	78	74	5.4% over
13	292	57	82	82	—

GIRLS

Age	No. examined	Average Height in ins.	Average Weight in lbs.	Average Standard Weight for Height	Percentage over or under Weight According to Standard
5	183	42	41	39	5.1% over
6	558	44	44	42	4.8% over
8	246	48	54	52	3.8% over
9	492	50	58	59	1.7% under
12	207	56	80	78	2.6% over
13	361	58	89	88	1.1% over

TREATMENT OF DEFECTS

The following figures do not include treatment of children who attend City Schools but who reside in the County and are therefore referred to the County School Medical Service for treatment.

Enlarged Tonsils and Adenoids
Operative Treatment

Under the School Medical Service Scheme	By Private Practitioners	Total
146	21	167

Other Defects and Diseases of Nose and Throat

Treated at :—

Intern Dept. of Hospitals associated with S.M.S. Scheme	7
Extern Dept. of Hospitals associated with S.M.S. Scheme	9
Intern and Extern Depts. of Hospitals associated with S.M.S. Scheme	4
Total Number Treated	20

Defective Vision

Submitted to Refraction		Glasses Prescribed			Change of Glasses not necessary	Glasses not Prescribed
Under the School Medical Service Scheme	By Private Prac- titioners	Under the School Medical Service Scheme	By Private Prac- titioners	Total		
475	32	454	32	486	10	11

Other Defects and Diseases of Eye

Treated at :—

Intern Dept. of Hospitals associated with S.M.S. Scheme	25
Extern Dept. of Hospitals associated with S.M.S. Scheme	222
Intern and Extern Depts. of Hospitals associated with S.M.S. Scheme	10
Total Number Treated	257

Ear Diseases and Defects

Treated at—

Intern Dept. of Hospitals associated with S.M.S. Scheme	12
Extern Dept. of Hospitals associated with S.M.S. Scheme	142
Intern and Extern Depts. of Hospitals associated with S.M.S. Scheme	5
Total Number Treated	159

REVIEW OF DEFECTS TREATED UNDER THE SCHOOL MEDICAL SERVICE SCHEME

Special clinics for cases of spastic paralysis, rheumatic and congenital heart disease and coeliac disease have been established in conjunction with the sick children's clinic conducted by Dr. Curtin. This is an arrangement which lends itself to better supervision of the individual case. With the impending setting up of a cardiological unit in St. Finbarr's Hospital it is hoped further cases of congenital heart disease may be found suitable for surgery in the coming year. Reduction in the relapse rate in cases of rheumatic heart disease and attention to the diet of coeliacs are examples of preventive medicine in the clinical field.

Skin

216 cases were treated at the School Clinic. They consisted of Scabies 18, Impetigo 144, Ringworm Scalp 14, Ringworm Body 15, Psoriasis 6, and others 19.

Eye

(a) *Defective Vision*

475 cases were refracted at the hospitals associated with the Scheme. Glasses were supplied by Messrs. James Mangan, Ltd., for the first three months and by Mr. Arthur Richard for the remainder of the year. Lenses were supplied free of charge to 417 children and frames to 111 children.

(b) *External Eye*

257 cases were treated at the hospitals associated with the Scheme and 131 at the School Clinic. The former included surgical treatment of 24 cases of strabismus, 2 cases of cataract and 2 cases of enucleation of eye. Other cases treated included corneal ulcer 10, keratitis 5, iritis 1, and prolapse of iris 1. 127 cases of squint and amblyopia had orthoptic treatment.

Ear.

159 cases were treated at the hospitals associated with the Scheme. They included surgical treatment of 3 cases of mastoiditis and 2 of aural polypi. The majority of the other cases treated were suffering from otitis media. Sixteen cases were treated at the school clinic.

Nose and Throat.

(a) *Tonsils and Adenoids.*

146 cases had operative treatment at the hospitals associated with the Scheme.

(b) *Other Diseases and Defects.*

20 cases were treated at the hospitals associated with the Scheme.

Pulmonary

Four cases of bronchiectasis were operated on by Mr. Hickey at St. Finbarr's Hospital: one had a pneumonectomy and three a lobectomy each.

171 tuberculin tests were performed during the year and 381 cases were screened. It is now customary to screen not alone all children who are brought to the minor ailments clinics because of chest complaints and those who have a raised temperature from any cause not immediately ascertainable but also children, particularly in the younger age group, who on routine examination are found to have respiratory tract infection. This accounts for the large number of cases under the heading "pneumonia." The vast majority of these have been cases of localised aspiration pneumonia or pneumonitis. Of the chest conditions with radiological abnormality this was the commonest discovered at the clinic during the year. This variety of pneumonia could not be detected without the ready availability and use of the screening facilities in the City Hall. As an example of how this condition may masquerade most of the children were thought by the mothers to have only "a cold" and practically all were well enough to be up and around. Generally it was found that the pneumonia was associated with an excess of mucus secretion in the respiratory tract and was therefore frequently a concomitant of bronchitis. Inefficient bronchial drainage of this excess mucus blocks the smaller bronchi or bronchioles and thereby leads to a segmental atelectasis. Physical signs of significance were found

only in those cases of bronchitic origin. Children having a moderate rise in temperature were recommended sulphonamides or penicillin and bed rest but it has been found repeatedly that the most important measure in the promotion of re-expansion of the affected segment is breathing exercises. All cases are now therefore sent to the physiotherapists to whom I desire to acknowledge my gratitude.

On this basis it must be assumed that localised aspiration pneumonia in children is of rather frequent occurrence particularly in poor children living under bad housing conditions and occasionally undernourished. It is possible that some cases of bronchiectasis have their origin in localised aspiration pneumonia. The advantages of its detection and subsequent treatment are therefore obvious. While screening is certainly not recommended in every child with a common cold (due attention must be paid to radiation danger to the doctor) its advantages must be evident in these considered in need of it.

Infectious Diseases.

27 cases of infectious diseases were seen at the School Clinic, an increase of over 100% on the number seen the previous year.

Cleanliness.

Nits were present in 17.2% (10.6%) of girls' heads and 3.9% (4.2%) of boys' heads. The over all percentage shows an increase on the figures for 1952 (in brackets) which showed an appreciable increase on the 1951 figures. The number of cases treated at the School Clinic was 349 as compared with 36 for the previous year.

Minor Injuries, etc.

118 cases were treated at the School Clinic.

"Following up" of children inspected and found to be suffering from physical defects :—

Number of Children visited	...	...	1,807 (1,328)
Number of visits paid	.....	.....	2,091 (1,463)
Number of attendances at the School Clinic			
for Treatment of Minor Ailments	...	...	1,512 (919)
Total Number of Attendances at the School Clinic			6,833 (5,520)

The figures for 1952 are in brackets.

Children residing in the County and attending Schools within the Borough.

Referred to the County School Medical Service for treatment :

For Nose and Throat Defects	41
For Eye Defects	204
For Ear Defects	1
For Dental Defects	505

School Meals.

The Grant for the Meals was £5,000 and the number of children catered for 4,176. The meals were given in twenty-four schools and were as follows :—

A. Milk—Central District.

- B. Milk with buns, bread or bread and jam—The Cathedral, St. Mary's, Eason's Hill, St. Francis' Boys, St. Francis' Girls, St. Marie's of the Isle, SS. Peter and Pauls' Senior Girls, SS. Peter and Paul's Infant Girls, SS. Peter and Paul's Infant Boys, St. Nicholas Boys' and St. Nicholas Girls'. Blackpool, Strawberry Hill Boys, Strawberry Hill Girls, Presentation Brothers Monastery, Greenmount.
- C. Cocoa and buns or bread and jam—Christian Brothers Blarney Street, North Presentation Convent Senior Girls, North Presentation Convent Infant Boys and Girls, Clochar Chriost an Ri, South Presentation Convent Girls, South Presentation Convent Boys.
- D. Milk and buns to juniors and buns only to seniors—St. Mary's of the Rock, South Presentation Monastery.
- E. Buns—St. Vincent's Convent, St. Joseph's Monastery, Mardyke.

Table 58—Floor and Cubic Space per Pupil in Average Attendance :

NATIONAL SCHOOL	Average Attendance	Square ft. per pupil in average attendance
Clochar Chriost an Ri	589.7	7.5
Angel Guardian, Mayfield	250.4	7.9
South P. C. Boys	265.1	9.0
Mainistir Chriost an Ri	546.8	9.5
North Presentation Convent Senior	969.9	10.2
Strawberry Hill Boys	148.4	10.9
North Presentation Convent Infants	771.2	11.0
Christian Brothers, Blarney Street	475.2	11.1
Strawberry Hill Girls	151.7	11.2
Scoil Neasain Naomhtha	456.1	11.2
North Mon. (Jr.)	466.3	11.2
St. Mary's of the Rock	275.1	11.4
St. Nicholas Girls', Blackpool	293.7	11.5
The Cathedral	387.5	11.8
South Presentation Convent Girls	1,399.7	12
St. Marie's of the Isle	1,093.5	12.6
St. Vincent's Convent	1,290.9	12.8
North Monastery (Senior School)	399.8	13.1
St. Nicholas Boys', Blackpool	404.1	13.2
SS. Peter and Paul's Senior Girls	125.5	14.1
St. Francis' Boys	140	14.6
St. Patrick's Infants	314.9	15
South Presentation Monastery	346.7	16
Presentation Brothers, Greenmount	443.9	16.2
St. Mary's, Eason's Hill	170.7	16.8
St. Patrick's Senior Boys	203.7	16.8
SS. Peter and Pauls' Infant Girls	102.5	17
St. Joseph's Monastery, Mardyke	280	17.4
St. Patrick's Senior Girls'	184.5	18
SS. Peter and Paul's Infant Boys	91	19.6
Bun Scoil Gobnatan	117.5	25.1
Ard Scoil Gobnatan	85.5	31
St. Francis' Girls	44.6	40.9
Scoil Barra	110.3	41
St. Finbarr's, Dean Street	30.7	50.8
St. Luke's	30.2	63.9
Central District	49.1	63.9
Summerhill	24.9	86.7
St. Mary Shandon	12.5	107.4
St. Nicholas', Cove Street	26.4	144.6

REPORT OF THE SCHOOL DENTAL CLINIC FOR THE YEAR ENDING 31st DECEMBER, 1953

On the 1st September 1953, I took up the post of Chief Dental Surgeon. My first task was to take a complete survey of the dental system which was previously functioning and to make any necessary suggestion with regard to the improvement of the service. I am pleased to be able to state that the report which I later submitted dealing with these matters was adopted by the City Medical Officer. As I write this report I am even more pleased to be able to state that the work has already commenced on the extension to the Clinic and the re-equipping of the Department. The installation of a mobile X-ray and screening apparatus will enable us to pay special attention to the regulation of children's teeth and will fulfil a long felt want in this important and specialised branch of children's dentistry. I may say, therefore, that with the re-arranging of the officers and the service in general, together with a new Clinic equipped on the most modern lines, the Dental Staff will be able to afford the patients a complete Dental Service.

Number of children inspected	4,069
Number requiring treatment	2,734
Number of children treated	3,330
Number who completed treatment	2,026
Extractions :	
Temporary teeth	6,128
Permanent Teeth	1,546
Fillings :	
Temporary Teeth	79
Permanent Teeth	1,095
Scalings, Dressings and Other Treatment	2,178
General Anaesthetics administered	1,071
Total number of attendances at Clinic	6,088
Visits paid to Defaulters	140
Number who attended as a result of Visits paid	86

E. G. W. McSweeney,

Chief Dental Surgeon

Section VI.—Control of Food Supplies

The following report has been contributed by Mr. S. R. J. Cussen, Chief Veterinary Officer :—

The Food Hygiene Regulations 1950, were made by the Minister for Health in exercise of the powers conferred on him by the Health Act, 1947. These Regulations came into operation on the 1st of Feb. 1951, except Part 4 which deals with the Registration of Food Premises.

The Health Act repealed, among other enactments, sections 132 to 136 of the Public Health (Ireland) Act 1878, which gave power to deal with the seizure, condemnation, and destruction of unsound food. The power to deal with unsound food is now conferred by Part of the Food Hygiene Regulations. Part 2 of the Regulations deals with :—(a) The sale of unfit food. (b) Importation of unfit food. (c) Inspection of articles of food, sampling, etc. Part 3 deals with food premises, food stalls, transport and handling of food.

The provisions of the Regulations are enforced by Local Authority Veterinary Inspectors and Health Inspectors. The duties of the Veterinary Inspectors are confined principally to the inspection of milk and meat and may be summarised as follows :—

(1). Inspection of meat and meat products, derived from cattle, sheep, pigs, and goats, at butchers (including pork butchers) shops and stalls. They will also be responsible to the Health Authority for ensuring compliance with the regulations in respect of such premises.

(2). The inspection of milk and dairy premises and the enforcement of the provision of the Milk and Dairies Act and Regulations made thereunder.

(3). The enforcement of the provisions of the Slaughter of Animals Act in regard to the humane treatment of animals at slaughterhouses and the licensing of slaughtermen.

(4). In Local Authority areas where one or more wholetime veterinary inspectors are employed, the veterinary inspector will be responsible for the inspection of poultry in premises where poultry are dressed and prepared or slaughtered for sale, and he will also be responsible for the inspection of such premises.

(5). The enforcement of bye-laws relating to slaughterhouses public abattoirs, and the sale of meat.

A.—SUPERVISION OF MILK SUPPLY

(a) Sediment or Dirt Test.

Milk produced or handled in a careless way will often be contaminated by physical or visible dirt, i.e. dirt that is easily seen when milk is filtered through a clean cotton wool pad. The test carried out for the detection of this visible dirt is known as the sediment test. This test

has been described fully in previous reports and it is not proposed to make further reference to it here.

Satisfactorily produced milk gives no visible dirt, if unsatisfactorily produced, it gives a yellowish Brown or blackish deposit on the pad.

During the year there were 1,358 tests carried out with the following results :—

Very Clean	196
Clean	575
Fairly Clean	520
Dirty	64
Very Dirty	3

There was a noticable improvement in the production and handling of milk, as the results of the test show. This improvement is in no small way due to the activities of Mr. Meegan who was employed by the Co. Council during the year, mainly for the purpose of cleaning up the Milk Supply in the production area.

(b) Reductase Test.

397 milk samples were collected and examined in the laboratory. These samples were subjected to the reductase, and microscopic tests, and also to the biological test—when there were guinea pigs available.

The modified Wilson reductase test was used. This has been fully described in previous reports.

In order to assist in the interpretation of the results the values attached to the various grades are appended.

Grade	No. of Samples	Interpretation of Results
I.	233	Less than 500,000 Bacteria per c.c.
I	128	500,000 to 4,000,000 Bacteria per c.c.
III.	30	4,000,000 to 20,000,000 Bacteria per c.c.
IV.	6	Over 20,000,000 per c.c.
Total	397	

(c) Microscopic Test.

The following are the results of this test, it was carried out for the detection of Acid Fast Bacilli (to the group to which the Tubercle Bacillus belongs) and other organisms :

Acid fast Bacilli	nil.
Streptococci	9
Pus Cells	7
Blood	2
Normal	379
Total	397

(d) Biological Test.

This is a far more reliable test for the detection of Tubercle Bacilli in milk than the Microscopic Test.

It has not been practicable to apply this test to all samples of milk collected, mainly owing to the impossibility of procuring sufficient guinea pigs. For this reason it was found possible only to examine 76.

The results obtained are as follows :

No. of Tests	Positive	Proportion Positive
76	2	2.6

Over a period of 24 years 1,736 tests have been carried out yielding an approximate proportion of 4.4 per cent positive, this may be regarded as a fairly accurate index of the amount of Tubercle infection in the Local Milk Supply.

Work Carried Out for the Dept. of Agriculture.

Over and above the samples referred to, 162 samples were examined on behalf of the Dept. of Agriculture. These included 46 samples collected within the Borough Boundary and the results obtained with these 46 samples are given below. (The other samples coming as they did from outside sources are not regarded as being within the scope of this report).

The 46 samples collected within the City Area were made up as follows:

Highest Grade	.....	.....	.....	.....	12
Standard	.....	.....	.....	.....	12
Pasteurised	.....	.....	.....	.....	11
Pre-pasteurised	.....	.....	.....	.....	11
					—
					46

Twelve of the *Highest Grade* samples fell into Grade I of the Reductase Test. In the case of *Standard Milk*, 12 samples fell into Grade I. B. Coli were found in 3 of the Highest Grade Samples and in none of the Standard Group.

The average fat content was 3.3 per cent. for Highest Grade and 3.6 per cent for Standard Milk.

Of the 11 samples of Pasteurised milk examined, 10 complied with the provisions of the Milk and Dairies (Special Designations) Regulations 1938. *i.e.* each sample did not contain more than 100,000 bacteria per C.C. 1 sampled failed to comply having contained more than 100,000 bacteria per C.C.

In the case of the pre-pasteurised milk, 6 samples complied with the provisions of the Milk and Dairies (Bacteriological Examinations) Regulations, 1936. *i.e.* each sample contained less than 500,000 Bacteria per C.C.

Five samples failed to comply. The Pasteurised and Prepasteurised Milk Samples were collected at the Dairy Science, Institute U.C.C.

The Highest Grade Milk was produced at the U.C.C. Dairy Farm. The Standard Milk was produced by Mr. E. J. Clarke, Ahamartha, Carrigaline.

Over and above the 162 samples examined for the Dept. of Agriculture, 10 samples were examined microscopically on behalf of the South Cork Board of Health, the results being transmitted to the Co. Medical Officer and the Veterinary Surgeon who submitted the samples.

Dairy Premises and Milch Cows.

There are 4 registered milk producers within the City area. The total number of milk cows is 36.

Frequent inspections of the dairy premises carried out and usually found in a satisfactory state of cleanliness. The Milch cows were examined quarterly and were found clinically free from disease. Milk samples were found negative for pathogenic Bacteria.

The Price of Milk

Owing principally to rising costs of production the price of milk has been steadily increasing since 1940. Trends in this area are shewn in the following tables.

(a) Price of loose milk (*Producer to retailer*)

			s.	d.	
1939	.....	0	11 $\frac{1}{6}$	per gallon.	
1940	.....	0	11 $\frac{1}{6}$	" "	
1941	.....	1	1 $\frac{1}{3}$	" "	
1942	.....	1	1 $\frac{1}{3}$	" "	
1943	.....	1	3	" "	
1944	.....	1	5 $\frac{1}{6}$	" "	
1945	.....	1	6.83	" "	
1946	.....	1	6.85	" "	
1947	.....	1	10 $\frac{1}{2}$	" "	
1948	.....	1	11 $\frac{1}{2}$	" "	
1949	.....	1	11 $\frac{3}{4}$	" "	
1950	.....	1	11 $\frac{1}{2}$	" "	
1951	.....	2	0 $\frac{1}{2}$	" "	
1952	.....	2	1 $\frac{1}{4}$	" "	
1953	.....	2	2 $\frac{2}{3}$	" "	

(b) Price of loose milk (*retailer to consumer*)

		d.	d.	
1940	.....	2 $\frac{1}{2}$	to 3	per loose pint
1941	.....	2 $\frac{1}{4}$	" 3	" " "
1942	.....	2 $\frac{1}{2}$	" 3 $\frac{1}{4}$	" " "
1943	.....	2 $\frac{1}{2}$	" 3 $\frac{1}{2}$	" " "
1944	.....	2 $\frac{3}{4}$	" 3 $\frac{1}{2}$	" " "
1945	.....	2 $\frac{3}{4}$	" 3 $\frac{1}{2}$	" " "
1946	.....	2 $\frac{3}{4}$	" 3 $\frac{3}{4}$	" " "
1947	.....	3 $\frac{1}{4}$	" 4 $\frac{1}{4}$	" " "
1948	.....	3 $\frac{1}{4}$	" 4	" " "
1949	.....	3 $\frac{1}{2}$	" 4 $\frac{1}{4}$	" " "
1950	.....	3 $\frac{1}{4}$	" 4 $\frac{1}{2}$	" " "
1951	.....	3 $\frac{1}{2}$	" 4 $\frac{3}{4}$	" " "
1952	.....	3 $\frac{3}{4}$	" 4 $\frac{3}{4}$	" " "
1953	.....	4	" 5	" " "

The retail price of milk was first fixed in September 1940 by the Minister for Industry and Commerce and this price is varied from time to time by the Minister on the recommendation of the Prices Advisory Body.

Consumption of Milk

The amount of milk consumed shews a tendency to increase. There is no reason to doubt that this increase would be greatly accelerated if the character of the supply were more satisfactory. The tendency to souring, which is such a marked characteristic in warm weather, is bound to have a deterrent effect on the majority of people. The *average daily* consumption during the year 1952 was 9,787 gallons. The trend in this direction is shewn as follows :

Year	Consumption
1940	8,444 gallons
1941	8,497 "
1942	8,808 "
1943	9,037 "
1944	9,028 "
1945	9,356 "
1946	9,477 "
1947	9,524 "
1948	9,648 "
1949	9,781 "
1950	9,863 "
1951	9,853 "
1952	9,787 "
1953	9,215 "

These figures apply to the Cork Milk Board Area (which comprises a wide area outside the City). There are no figures for milk consumption in the County Borough itself. I am indebted to the Secretary of the Board for the information.

Prosecutions

(A). Milk and Dairies Act, 1935.

Six prosecutions were undertaken for failure to observe the provisions of the above act, all were successful and the total fines imposed amounted to £5 5s. 0d.

(B). Milk and Dairies Regulations, 1936.

Fourteen prosecutions were undertaken for failure to observe the provisions of the Regulations. 11 were successful and 3 were marked proved. The total fines imposed amounted to £5 12s. 0d.

(B) MEAT INSPECTION

(a) Meat Inspection Depot

No. of Carcases examined :

Beef	.....	5,604
Mutton	.....	30,855
Veal	.....	108
Pork	.....	133

Table 59.—Carcases found affected with Tuberculosis.

Variety	Wholly Condemned	Partially Condemned	Total
Beef	7	935	942
Mutton	—	—	—
Veal	1	1	2
Pork	2	3	5

Table 60.—Carcases found affected with diseases other than Tuberculosis.

Variety	Wholly Condemned	Partially Condemned	Total
Beef	1	—	1
Mutton	6	4	10
Veal	—	1	1
Pork	—	—	—

Table 61.—Total amount of Meat, Condemned

Variety	Tuberculosis	Other Diseases
Beef	24,964	3,469
Mutton	—	296
Veal	74	—
Pork	273	56

Table 62.—Total amount of offals condemned.

Tuberculosis	Other Diseases
2,689	309

(b) SLAUGHTERHOUSES

Under the Meat Inspection Bye Laws inspection of meat takes place in the afternoon on Monday, Wednesday and Thursday at three semi public Slaughterhouses. This helps to relieve the congestion at the Meat Inspection Depot.

No. of Carcases examined	
Beef	1,802
Mutton	7,730
Veal	304

Table 63.—Carcases found affected with Tuberculosis.

Variety	Wholly Condemned	Partially Condemned	Total
Beef	7	340	347
Mutton	—	—	—
Veal	1	—	1

Table 64.—Carcases found affected with Diseases other than Tuberculosis.

Variety	Wholly Condemned	Partially Condemned	Total
Beef	1	—	1
Mutton	2	—	2
Veal	6	6	12

Table 65.—Total amount of Meat Condemned.

Variety	Tuberculosis	Other Diseases
Beef	7,520 lbs.	560
Mutton	—	160
Veal	50 lbs.	360

Table 66.—Total amount of Offals Condemned.

Tuberculosis	Other Diseases
580 lbs.	188 lbs.

Table 67.—Unsound Food surrendered by traders for destruction.

Beef	31,703 lbs.
Veal	431 lbs.
Fish	26,220 lbs.
Plums	2,976 lbs.
Pineapples	144 lbs.
Pears	10 boxes
Peaches	10 boxes
Treacle	44 tins
Carrots	1 bag

SLAUGHTER OF ANIMALS ACT 1935

The provisions of this Act were outlined in the 1937 annual Report, it is not proposed to make further reference to them here.

43 Licenses were issued under Part III of the Act.

One person was prosecuted for non observance of the Act, in failing to provide food and water for animals awaiting slaughter. A fine of 7/6 was imposed.

PREPARATION OF MEAT AND MEAT PRODUCTS

The number of premises within the City where meat and meat products are prepared for human consumption is as follows :—

Slaughter Houses—

Licensed	13
Registered	2
Registered under the Fresh Meat Act	4
Bacon Factories	4
Sausage Factories	15
Triperies	4

(C). SALE OF FOOD AND DRUGS ACTS.

MILK.

Appended herewith is the Report of the City Analyst (Mr. D. J. O'Sullivan, M.Sc., F.I.C.).

Table 68.—Samples submitted for Analysis during the year and the results thereof.

Quarter ended	No. of Samples	Genuine	Adul- terated
March 31st, 1953	63	58	5
June 30th, 1953	87	78	9
Sept. 30th, 1953	80	75	5
Dec. 31st, 1953	118	115	3
Totals	348	326	22

BUTTER

Table 69.—Samples submitted for analysis during the year and the results thereof.

Quarter ended	No. of Samples	Genuine	Adul- terated
March 31st, 1953	2	2	—
June 30th, 1953	6	6	—
Sept. 30th, 1953	8	8	—
Dec. 31st 1953	5	5	—
Totals	21	21	—

SPIRITS

Table 70.—Samples submitted for analysis during the year and the results thereof.

Quarter ended	No. of Samples	Genuine	Adul- terated
March 31st, 1953	—	—	—
June 30th, 1953	7	6	1
Sept. 30th, 1953	2	2	—
Dec. 31st, 1953	27	24	3
Totals	36	32	4

Table 71.—Miscellaneous samples submitted for analysis during the year and the results thereof.

Quarter ended	No. of Samples	Genuine	Adulterated
March 31st, 1953	186	185	1
June 30th, 1953	159	154	5
Sept. 30th, 1953	110	109	1
Dec. 31st, 1953	113	113	—
Totals	568	561	7

Table 72.—Showing details in regard to miscellaneous samples examined during the year.

Articles	No. of	Articles	No. of Samples
Margarine	15	Ice Cream	55
Confectionery	3	Bournvita	1
Custard Powder	16	Salt	7
Pearl Barley	3	Sardines	10
Sausages	10	Salad Dressing	8
Drugs	65	Pickles	8
Cheese	10	Peas	9
Cocoa	14	Gravy Salt	1
Beer	6	Icing Sugar	3
Flour	11	Tea	10
Cornflour	21	Beans	9
Coffee	10	Ginger	1
Vinegar	8	Dripping	1
Oatmeal	14	Condensed Milk	10
Cream	3	Tea Cake Mixture	4
Mineral Waters	3	Biscuits	1
Jam	11	Suet	4
Jelly	15	Sandwich Spread	1
Tapioca	3	Pepper compound	5
Blancmange	2	Ovaltine	1
Semolina	6	Marmite	2
Sauce	15	Canned Salmon	2
Sugar	11	Syrup	4
Rice	13	Flavouring Essence	7
Lard	6	Cookeen	3
Lemon Curd	2	Minced meat	1
Sago	1	Spice	6
Bisto	10	Preserved Cherries	3
Currants	1	Almond Essence	—
Pepper	10	Erinox	3
Bovril	11	Fernaline	—
Cider	4	Beetroot	2
Soup Powder	20	Wine	1
Fish Paste	3	Raisins	1
Meat Paste	4		
Mustard	10		
Sweets	13		
Brawn	1		
		TOTAL	568

Table 73.—Return of Offences detected by the Food and Drugs Inspectors during the year.

Particulars of Offence			Results of Proceedings	
			Fines	Costs
Milk Deficient in fat			vendors warned	
4 samples	3%		5/-	17/4
2 ..	5%		—	17/5
	6%		5/-	17/5
	8%		5/-	17/5
	10%		5/-	17/4
	11%		5/-	17/4
	11%		5/-	17/6
	15%		20/-	17/4
	15%		5/-	17/4
	16%		1/-	17/4
	16%		2/-	17/4
	20%		20/-	17/5
	20%		5/-	18/4
	21%		5/-	17/4
	23%			
Milk Deficient in Milk solids			vendors warned	
2 samples	3%		5/-	17/4
1 ..	8%			
Whiskey added water			vendor warned	
	3%		5/-	27/6
	3%		40/-	27/6
	4.5%		50/-	27/6
	4.7%			
	11.7%			
Hydrogen Peroxide (<i>Informal</i>)			2 samples had only 3% and 4.3% instead of 5% Hydrogen Peroxide	
Tea-cake mixture (<i>Informal</i>) infested with cereal mites				
			Fines	Costs
Ice Cream deficiency in milk fat				
54%	..	..	7/6	18/-
48%	..	..	5/-	18/-
95%	..	..	20/-	18/-

D. FOOD HYGIENE REGULATIONS

During the year inspectors were engaged principally on the survey of food premises for registration. Notices were served on the proprietors specifying the works required to be carried out before the premises could be registered. Some proprietors experienced difficulty in carrying out the works required. When requested the inspectors discussed the problems with the proprietor his builder or architect and where alternative suggestions were made which did not infringe the Food Hygiene Reg. they were accepted by the inspectors.

134 premises were registered.

240 premises were provisionally registered.

41 premises were refused registration.

Hygienic methods in food establishments are of vital importance in preventing the spread and transmission of disease, and in food

premises frequented by the public should lead to better business. Inspectors found lack of training in food hygiene very obvious amongst food handlers. Some traders provided glass protection for food displayed on their shop counters and then placed unprotected food on top of the glass thereby exposing it to contamination. A big manufacturer at considerable expense provided washing facilities for his food workers, but found that in a short time some of the fittings had been damaged to such an extent that they were unusable. A worker in an hotel kitchen was found using a kitchen knife to remove the grating from a drain trap which had become choked. These are only a few examples of what was observed by inspectors in the course of their inspections and all were due to ignorance of food hygiene.

Education can be a powerful factor in minimizing the contamination of food and in my opinion legislation without education will not be effective in the prevention of contamination. Better results will be obtained if our efforts are directed to the bringing about of a state of "hygiene consciousness" amongst all persons engaged in the food trades.

Table 74.—Food Hygiene Regulations 1950. Analysis of work carried out by *Health Inspectors*.

Premises	Districts								Total
	1	2	3	4	5	6	7	8	
Hotels	10	4	38	—	48	—	—	—	100
Restaurants	28	1	74	—	225	—	79	5	412
Confectionery	19	—	48	—	53	1	29	1	151
Ice Cream Manufacture	5	—	34	4	12	3	108	1	167
Bakeries	12	1	49	11	16	—	25	3	117
Food Manufacture	24	14	74	23	19	—	57	4	215
Food Stalls	19	1	35	1	242	—	—	4	302
Food Vehicles	36	—	4	9	11	2	29	25	116
Other Food Premises	81	63	133	195	337	125	655	92	1,681
Occasional Food Premises	2	—	—	—	—	—	11	—	13
Premises Registered	13	9	—	3	66	6	8	15	120
Provisional Registration	12	12	11	8	61	11	9	12	136
Registration Refusals	1	2	1	2	27	1	1	—	35
Notices Served	26	23	12	13	154	18	18	27	291

One prosecution was undertaken (under Art. 47) defendant was fined 20/- (plus 5/- costs).

Table 75.—Food Hygiene Regulations 1950. Work carried out by *Veterinary Dept.*

Premises	By c.v.o.	By Asst. c.v.o.	By Health Inspector	Total
Triperios	22	154	56	232
Meat Markets	246	360	159	765
Meat Shops	1,309	747	890	2,946
Sausage Factories	345	276	97	718
Food Stalls and Hawkers Stands	280	37	28	345
Other Food Premises	1,894	95	504	2,493

Premises Registered	.....	.....	14
Provisional Registrations	.....	.....	104
Registration Refusals	.....	.....	6
Notice Served	.....	.....	124

Prosecutions :

7 persons were prosecuted for non observance of the above Regulations.

7 Convictions were obtained and fines amounting to £5 0 0 and costs imposed.

With reference to the successful prosecutions :—

						Fine and Costs	
3	Summonses	were	brought	under	Article 25 (1)	£3	7 6
1	"	"	"	"	" 25 (15)		7 6
1	"	"	"	"	" 26 (10)		10 0
1	"	"	"	"	" 28 (1)		7 6
1	"	"	"	"	" 31 (3)		7 6
7	"	"	"	"	"	£5	0 0

Section VII.—Water Supply

BACTERIOLOGICAL EXAMINATIONS

In the report for 1931 I outlined the procedure adopted in connection with the examination of the supply at the bacteriological laboratories of University College, Cork, by Prof. W. J. O'Donovan. In the year 1928 Dr. O'Donovan undertook a detailed and systematic examination in which a very large number of samples were studied. Our subsequent procedure has been based on his findings of that year and his recommendations have resulted in a supply of a consistently high degree of purity. In 1953, as in former years, samples were collected and examined on five days during each week. The procedure included an estimate of the number of bacteria growing at 37°C. in 48 hours. The total number of samples examined amounted to 253. The average number of bacteria in 1 c.c. was 19.4 and the number of samples sterile in 1 c.c. was 1.

The routine procedure in connection with these examinations is that samples are collected by the staff of the Public Health Department in special sterilised bottles. These samples are transmitted to the Laboratory for examination. A report is sent to the City Medical Officer who, in turn, sends a copy to the Water Engineer. In the event of an unsatisfactory sample coming to light in the laboratory the subsequent cycle of events is speeded up by telephonic communications between the various departments pending receipt of a subsequent formal report. In this manner there is exercised a triple check in the purification and distribution of the supply.

In the following tables are summarised the results of the various examinations carried out during the year (and previous years) at the Bacteriological Laboratories, U.C.C., by Prof. O'Donovan and his staff.

Table 76—Summary of results of routine examinations of water.

Total Routine Samples of Tap Water	Bacillus Coli Test					Average daily No. of Bacteria per c.c.	No. of Samples sterile in 1 c.c.
	100 c.c's —ive	100 c.c's +ive	50 c.c's +ive	10 c.c's +ive	1 c.c's +ive		
253	247	6	—	—	—	19.4	1

As stated above, the examinations carried out during the year included an estimation of the numbers of bacteria growing at 37°C. in 48 hours. The findings are set out in the following table and compared with those of previous years.

Table 77.—Comparative results of examinations of tap water made during each of the years from 1934 to 1953.

Year	Total number of samples examined	BACILLUS COLI TEST				
		100 ml —ive	100 ml +ive	50 ml +ive	10 ml +ive	1 ml +ive
1934	261	249 (95.4%)	4 (1.5%)	6 (2.3%)	2 (0.8%)	— —
1935	252	235 (93.2%)	3 (1.2%)	7 (2.8%)	5 (2%)	2 (0.8%)
1936	252	244 (96.8%)	2 (0.8%)	5 (2%)	1 (0.4%)	— —
1937	253	235 (92.9%)	11 (4.3%)	6 (2.4%)	0 —	1 (0.4%)
1938	254	251 (98.8%)	1 (0.4%)	0 —	1 (0.4%)	1 (0.4%)
1939	259	254 (98.0%)	1 (0.4%)	3 (1.2%)	1 (0.4%)	— —
1940	261	244 (92.7%)	2 (0.8%)	10 (3.8%)	5 (1.9%)	2 (0.8%)
1941	266	255 (92.1%)	10 (3.7%)	8 (3%)	1 (0.4%)	2 (0.8%)
1942	254	244 (96.1%)	3 (1.2%)	2 (0.8%)	5 (1.9%)	— —
1943	255	253 (99.2%)	—	—	2 (0.8%)	0 —
1944	255	239 (93.7%)	—	6 (2.4%)	7 (2.7%)	3 (1.2%)
1945	255	246 (96.5%)	—	3 (1.2%)	4 (1.5%)	2 (0.8%)
1946	254	252 (99.0%)	—	1 (0.4%)	1 (0.4%)	0 —
1947	257	249 (96.9%)	1 (0.4%)	1 (0.4%)	6 (2.3%)	0 —
1948	253	246 (97.2%)	0 —	3 (1.2%)	1 (0.4%)	3 (1.2%)
1949	254	246 (96.8%)	2 (0.8%)	4 (1.6%)	2 (0.8%)	0 —
1950	251	251 (100%)	0 —	0 —	0 —	0 —
1951	253	252 (99.6%)	0 —	0 —	1 (0.4%)	0 —
1952	253	249 (98.4%)	0 —	1 (0.4%)	3 (1.2%)	0 —
1953	253	247 (97.6%)	6 (2.4%)	0 —	0 —	0 —

The bacteriological results indicate that a high degree of purity was maintained during the year.

Table 78.—Average number of bacteria per cubic centimetre growing at 37° C. from daily sample for each month.

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1932	14.0	0.8	1.6	4.6	4.5	5.4	44.1	20.3	2.2	4.6	4.7	2.2
1933	1.8	1.0	1.1	1.5	1.8	4.1	19.2	14.6	2.7	2.1	1.3	3.9
1934	1.1	1.6	1.3	1.4	3.4	21.2	18.4	7.4	1.7	4.0	4.2	4.0
1935	2.9	2.7	1.6	1.0	2.7	2.1	2.9	5.2	8.9	7.9	4.4	1.2
1936	1.2	1.2	0.9	1.6	1.9	1.9	5.0	1.8	3.4	1.4	2.7	3.9
1937	4.1	2.8	1.4	1.2	0.7	0.2	3.7	1.0	2.8	6.4	2.8	5.4
1938	1.8	2.2	1.9	1.5	0.9	1.4	2.0	1.4	2.2	2.0	2.6	2.2
1939	1.7	1.4	2.9	2.6	1.7	21.5	6.6	6.7	3.0	30.8	9.4	3.5
1940	1.8	5.3	1.8	1.0	1.3	4.4	11.8	4.2	4.5	4.5	4.5	2.8
1941	2.2	0.7	2.8	1.6	10.1	7.3	4.6	4.1	1.4	1.6	7.2	1.4
1942	3.4	2.7	7.0	2.6	2.5	3.9	5.8	4.9	6.4	2.1	4.8	3.0
1943	2.3	1.2	1.3	1.7	2.4	6.0	5.1	1.2	4.7	2.3	1.9	2.5
1944	2.6	2.0	2.2	2.2	1.3	1.4	2.5	4.3	3.1	1.9	1.8	2.9
1945	2.2	2.3	2.4	2.3	1.8	2.1	3.7	3.7	2.7	3.2	2.4	2.1
1946	2.6	3.1	1.6	2.3	2.1	2.9	2.1	1.2	1.2	5.3	2.9	1.7
1947	2.7	1.8	2.2	2.2	3.5	1.1	1.7	2.3	2.4	2.0	2.6	2.4
1948	3.3	2.5	3.4	2.0	2.2	4.1	3.8	2.8	2.5	3.3	2.9	1.8
1949	3.5	5.0	3.9	3.4	3.4	3.8	4.3	4.0	5.2	6.1	5.4	3.5
1950	4.4	4.6	3.2	4.5	2.4	2.9	7.4	5.6	5.1	9.9	7.9	7.9
1951	4.3	4.5	5.6	3.9	3.8	5.9	3.5	3.0	6.1	7.1	5.9	5.0
1952	8.6	28.4	7.5	7.2	3.6	6.5	5.6	25.5	7.0	7.4	5.4	4.8
1953	4.6	3.0	4.6	9.2	4.0	5.5	6.0	94.3	32.9	11.1	4.8	7.5

Table 79.—Showing average consumption of Water per Head, per Day (in gallons).

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1934	39.6	40.0	39.1	39.9	39.2	42.1	42.8	40.6	41.4	38.6	39.0	40.2
1935	38.5	40.2	40.1	41.2	41.2	43.6	64.8	48.1	46.5	43.5	43.4	35.2
1936	47.6	44.1	44.0	44.4	46.5	47.1	47.1	46.4	44.5	44.8	44.1	43.8
1937	42.7	43.1	41.8	41.6	45.1	45.9	45.9	46.3	45.7	45.0	43.1	43.2
1938	41.5	40.3	39.5	41.4	40.5	40.5	40.9	39.8	41.3	40.6	39.7	41.8
1939	45.6	40.9	39.9	40.1	40.0	44.2	42.8	41.6	41.8	39.5	37.5	37.2
1940	44.7	43.1	39.8	39.3	40.2	44.0	44.9	42.6	41.9	38.6	36.7	39.3
1941	38.5	39.1	39.2	37.9	38.9	40.8	43.1	42.6	42.0	40.4	38.8	37.5
1942	36.7	36.5	36.3	37.4	37.7	38.5	41.1	39.6	39.7	37.7	37.6	36.4
1943	35.5	35.6	36.4	38.0	37.7	39.3	43.3	40.4	42.1	40.2	35.7	37.8
1944	35.2	36.8	38.1	37.6	38.8	38.5	35.0	36.3	40.8	36.7	35.9	36.8
1945	38.8	50.0	40.3	41.0	41.2	43.2	44.2	42.6	44.0	41.3	39.0	40.0
1946	38.8	38.9	39.8	40.3	40.5	40.7	42.4	41.2	42.3	42.6	40.9	40.5
1947	42.9	45.3	44.5	42.0	43.5	46.4	46.0	47.8	46.9	44.8	43.9	46.8
1948	44.5	43.4	45.3	45.1	45.4	47.1	48.0	46.8	47.0	47.3	44.8	45.2
1949	42.8	43.2	43.1	44.8	45.6	49.0	51.2	46.0	49.7	47.1	46.7	47.3
1950	46.3	46.4	46.4	45.9	48.1	52.2	50.9	47.0	48.2	47.0	45.2	48.9
1951	45.9	45.3	46.0	47.0	48.4	49.4	52.6	48.4	50.0	51.1	48.7	47.7
1952	44.8	49.7	46.9	47.0	48.6	49.7	52.1	48.4	50.3	47.1	46.5	50.3
1953	48.8	46.9	42.3	44.1	44.4	46.1	48.1	44.7	45.6	42.2	42.2	42.2

Section VIII —Sanitary Department

Table 80.—Return of work performed by Health Inspectors.

District	INSPECTION OF								SERVED			
	Houses and Yards	Tenement Houses	Tenement Rooms	Infected Dwellings	Common Lodging Houses	Work Shops	Slaughter Houses	Factories	Out-workers	Justicos Orders	Notices to abate nuisance	Shops
No 1	3523	332	913	35	—	102	—	—	—	4	127	314
No 2	3151	1397	3481	56	5	68	4	14	—	5	67	196
No 3	1590	423	984	22	—	6	9	—	—	2	41	18
No 4	3413	1222	5041	96	8	4	5	—	—	4	73	397
No 5	3168	1390	3439	61	11	197	—	—	—	—	141	1289
No 6	3854	1768	3855	62	23	30	—	1	—	6	145	533
No 7	2931	777	2449	69	—	2	—	—	—	4	141	334
No 8	1850	1186	3435	13	4	8	2	7	160	2	99	104
Female Insp'ctor	—	—	—	—	—	1024	—	1669	160	—	—	—
Totals	23,480	8495	23,597	414	51	1441	20	1691	160	27	834	3185

The number of inspections carried out by the Corporation Drain Tester was 3532.

Table 81.—Additional Duties carried out by the Health Inspector.

Reports made under the Housing (Miscellaneous Provisions) Act, 1931	Sections 23 and 25	31
Notices Served	Section 23	60
Demolition Orders Served		27
Reports made under The Housing (Amendment) Act, 1948 Part II		
Sections 7 and 8 (Control of Premises)		8
Prosecution	Section 8 (Control of Premises)	1
Reports made on the housing conditions of applicants for Corporation Houses		341
Notices (to abate nuisances in drains) served under the Local Government (Sanitary Services) Act 1948	Section 18	305
Reports made under the Local Government (Sanitary Services) Act 1948	Section 18	40
Cases in which the Corporation abated nuisances in Drains under the Local Government (Sanitary Services) Act 1948	Section 18	24
Houses on which provisional drainage orders were made under the Local Government (Sanitary Services) Act 1948	Section 12	11
Houses on which Provisional Water Supply Orders were made	Section 20	8
Reports made under The Factory and Workshops Acts 1901	Section 5	31
Reports on dangerous structures for transmission to the City Engineer		40
Miscellaneous Reports		38
Reports on the condition of Piggeries		6
Prosecutions against the owners of Piggeries for breaches of the Bye-Laws		4
Justices orders obtained to abate nuisances		33
Prosecutions for breaches of Justices Orders to abate nuisances		23
Samples taken under The Food and Drugs Acts		972
Prosecutions for breaches of The Food and Drugs Acts		20

Table 74.—Summary of Inspections, (not including inspections made under Food Hygiene Regulations 1950).

	No. of Inspections
Houses, yards, etc.	23,480
Tenement Houses	8,495
Tenement Rooms	23,597
Infected Dwellings	414
Common Lodging Houses	51
Workshops	1,441
Outworkers	160
Factories	1,691
Slaughter Houses	20
Drains and W.C.'s Tested	3,532
Number of Notices to abate nuisances	834
Number of Justices' Orders	27
Amount of fines imposed in respect of same	£20 17 6

Table 75.—Return of Inspections made by *Veterinary Staff* during the year (not including inspections made under Food Hygiene Regulations 1950).

Slaughter Houses	.....	.....	.....	.....	.....	1,293
Milk Shops	.....	.....	.....	.....	.....	2,151
Milk Vans	.....	.....	.....	.....	.....	1,357
Cowsheds	.....	.....	.....	.....	.....	80

SHOPS (CONDITIONS OF EMPLOYMENT) ACT, 1938.

In the following table are set out particulars of the work done by the Shops Inspectors during the year.

Number of Inspections, 3,185
Particulars of Defects Found :

Insufficient Ventilation	.....	.....	.....	8
Insufficient Heating	.....	.....	.....	12
No Heating Provided	.....	.....	.....	6
No Seating Accommodation	.....	.....	.....	3
Insufficient Sanitary Accommodation	.....	.....	.....	0
No Sanitary Accommodation	.....	.....	.....	0
No Washing Accommodation	.....	.....	.....	0
Total	.....	.....	.....	29

Exemption Orders served (<i>re</i> Sanitary Accommodation)	.....	—
Works Notices served	.....	3
Verbal Notices	.....	26

DETAILS OF DISINFESTATION SCHEME

HOUSES TREATED					PERSONS TREATED			
Tene-ments	Lodg-ings	Private	Total	Rooms	Male	Fe-male	Chi-l-dren	Total
38	3	105	146	356	16	—	—	16

Details of Disinfestation of Yards and Manure Heaps—*Summer 1953*

District No.	Stalls	Manure Heaps	Pigstyes	Yards
1	84	6	—	4
2	56	32	62	30
4	20	17	32	19
5	58	12	—	8
6	16	16	11	11
7	174	12	14	11
	408	95	119	83

Particulars of D.D.T. issued at Dispensaries—June to December 1953

Dispensary District	Powder	Emulsion
South	219 doz. pkts.	51 pints
North	283 „	41 „
Mahony's Avenue	35 „	— „
	537 „	92 „

RODENT CONTROL SERVICE

Rats and Mice (Destruction) Act, 1919.

During the past year a Rodent Control Service was established. A health inspector was specially trained and appointed Rodent Control Officer. Suitable premises for the storage and mixing of poisons and the keeping of equipment were acquired and suitable record sheets and charts were printed. Two assistants were trained in rat control and lectures were given to the health inspectors attached to the Public Health Department. Surveys of congested areas, derelict sites, waterways and sewers were carried out.

Treatment of selected premises was commenced and methods suitable to these premises were adopted. The results generally were very satisfactory and complete clearance of infested areas was effected in nearly all cases. Advice and assistance were given in many instances and it was found that elementary precautions such as the removal of refuse and elimination of harbourage gave the best results. It was found most practicable where large institutions were infested to call a conference of members of the committee and the contractors and to point out the most effective methods to be adopted.

Sewers were surveyed and test baits were laid. There appeared to be no infestation of the sewers selected, due no doubt, to the fact that there was a very steady flow of water and that the sewers were clean and well constructed. As these tests were carried out in the winter months (sewer testing equipment could not be procured until this time) they may not be truly indicative of the state of affairs in these sewers and summer tests may reveal infestation.

From surveys of commercial property it was found that business people were very anxious to keep their premises free from infestation and expended large sums of money for this purpose. Considerable damage to their merchandise and property had been experienced in many cases in the past due to rat infestation and rat infested premises were found which one would have thought would be free from infestation. A draper suffered considerable damage to his stocks because some sports coats were fitted with imitation leather buttons, which were manufactured from some edible commodity. The rats consumed the buttons and did great damage to the coats where these buttons were fixed. A lock-up jewellers shop became infested due to the fact that it was provided with an electrically controlled heater which maintained an even temperature during winter nights, the warmth apparently affording conditions to the liking of the rats. Other premises

that might be expected to be infested were free because the owners, aware of the danger, took every precaution to meet it.

It was found from experience that the most effective methods of rat control were as follows :—

- (1) Co-operation of the public.
- (2) Systematic inspections of affected areas.
- (3) Consistent treatment of premises.
- (4) Quick attention on receipt of complaints.
- (5) The ability to give simple advice when required.

This last point has been found to be very important, as the various aspects of the problem reveal themselves it is necessary for the Rodent Control Officer to be able to tell the person who seeks his advice to use this treatment, buy that material, etc.

There were 27 direct complaints and 45 other cases in which advice was sought. Surveys were carried out in all these cases. These complaints ranged from minor to major infestations. Corporation property, including the markets and storerooms, were treated first.

The number of premises inspected was 1,031 and in 630 of these treatment was applied. The period covered was from October to December, 1953. It was not found necessary to issue notices under the Act.

It is estimated that 1,260 rats were destroyed. Methods used—trapping and poisoning. Traps were used to identify species and in cases where it was estimated that only a minor infestation occurred.

Complete clearance was effected and methods to prevent re-infestation were put into operation. Twelve to twenty re-inspections were made in each case of infestation (approx. 450 re-inspections in all). Due to the fact that goods are not stockpiled, as they were during the war years, and stored for long periods premises are not so troubled with rat infestation as previously. Also the owners are engaging commercial rodent control firms to deal with their premises and in private dwellings occupiers are treating their own houses.

Section IX Housing.

Houses erected and let	3,915
Houses erected and purchased by occupants	306
Houses erected (occupants still re-paying mortgage)	24

Total	4,245
Houses in process of erection	436
Houses completed and handed over during 1953	272
Number of families re-housed during 1953 (including the 272 recorded above)	343

Assistance to private persons and Public Utility Societies :—
 (a) Under the Housing and Labourers Act, 1937 £1,196 0 0

Advances under Small Dwellings Acquisition Acts :—
 (a) To houses built by Private Individuals £59,900 0 0

Amount expended by Corporation on provision of Working Class Dwellings £1,011,547 0s. 0d.

Table 82.—Tenants paying rents of different amounts (summary).

Rental	No. of Tenants
40/- to 50/-	9
30/- to 40/-	94
20/- to 30/-	999
15/- to 20/-	864
10/- to 15/-	839
9/- to 10/-	318
8/- to 9/-	57
7/- to 8/-	76
6/- to 7/-	401
5/- to 6/-	119
4/- to 5/-	97
Under 4/-	49
Total No. of Tenants	3,922

Table—83 Analysis of Income of Tenants housed under Different Renting

Location	No. of Tenants on Differential Rents	Under 20/-	20/- to 30/-	30/- to 40/-	40/- to 50/-	50/- to 60/-	60/- to 70/-	70/- to 80/-	80/- to 90/-	90/- to 100/-	Over 100/-
Gurranebraher 1	252	—	10	9	6	5	4	4	4	4	204
" 2	50	2	—	2	3	—	1	1	1	—	42
" 3	78	—	2	4	2	2	1	1	1	—	62
" 4	81	—	1	3	3	4	2	—	—	2	61
Greenmount	208	—	—	14	7	6	11	5	—	6	153
Bandon Road	86	—	5	3	3	2	2	2	—	4	62
Horgan's Bldgs.	14	—	—	1	2	—	1	—	—	1	9
Commons Road	147	—	—	1	6	5	3	7	—	7	115
" 1	92	—	—	3	4	1	3	10	—	7	62
Farranferris	206	—	—	3	13	2	3	4	10	10	153
Baker's Lane	231	—	—	6	6	7	3	3	11	12	170
Baker's Lane	242	—	—	6	12	14	3	5	22	12	163
Ballyphehane	231	—	—	7	14	6	16	4	—	11	180
Roche's Buildings	11	—	—	2	—	2	5	—	—	—	7
Madden's Buildings	10	—	—	—	—	2	—	—	—	—	6
Croaghtamore Gdns.	14	—	—	—	—	—	—	—	—	—	14
Sutton's Buildings	3	—	1	—	—	—	—	—	—	—	1
Ballyphehane 2	42	—	—	1	2	3	1	2	—	1	32
Kelleher's Bldgs.	4	—	—	—	—	1	—	—	—	—	2
Baker's Lane	198	—	—	—	13	10	5	13	—	18	126
Barrett's Bldgs.	6	1	—	1	1	1	—	—	1	—	2
Corporation Bldgs.	3	—	—	—	—	—	—	—	—	—	—
Ryan's Bldgs.	2	—	—	—	—	—	—	—	—	1	1
Farranferris	168	—	—	15	—	3	—	4	7	9	123
Mount Pleasant	34	—	—	—	1	—	—	3	—	—	30
Totals	2413	3	19	90	99	91	71	59	95	106	1780

Section X.—Port Health

The Public Health Department is now undertaking the functions of the dissolved Port Sanitary Authority and in addition is executing the Infectious Diseases (Shipping) Regulations, 1948, in the functional area of the County Council.

Limits of Jurisdiction.

These are defined in The Cork Port (Enforcement of Health Regulations) Order, 1948, as follows :—The expression “ the Port ” means the whole of that part of the customs port of Cork which lies between Power Head and Cork Head in the County of Cork, together with the waters of the said port of Cork within such limits and all docks, basins, harbours, creeks, rivers, channels, bays and streams within the aforesaid limits and the places for the time being appointed as the customs boarding station or stations for such part of the said port and the places for the time being appointed under the Health Regulations for the mooring or anchoring of a ship.

Isolation Hospital at Cuskinny.

By order of the Minister of Health, dated 12th December, 1952, the above institution ceased to function as from 1st January, 1953. An isolation block adjacent to the North Fever Hospital has been set aside for the reception of cases of Smallpox, Cholera, Plague, Typhus, Yellow Fever and Relapsing Fever. The steam disinfector which has been removed from the old Isolation Hospital, is being installed for the use of the fever hospital and will be available to cater for the needs of the isolation unit should the necessity for such arise. A motor ambulance will now convey seaborne cases of the major infectious type to the City isolation unit.

Deratization and Deratization Exemption Certificates.

Authority to issue the above is given by articles 19 and 20 of the Infectious Diseases (Shipping) Regulations, 1948. During the year, 13. deratization exemption certificates were issued. The replacing of the Several International Sanitary Conventions by the International Sanitary Regulations, 1952, introduced inter alia, new types of (1) deratting and deratting exemption certificates (2) vaccination or revaccination certificates against smallpox. In regard to (1) the old type of deratization certificates or exemption suitably amended is still being used. The declaration of health form as now issued, is similar to that recommended for adoption in appendix 5 of the new Regulations.

Infectious Diseases (Shipping) Regulations, 1948.

These Regulations became operative from 1st July, 1949 and are designed to prevent the importation of the conventional diseases, smallpox, plague, etc., together with diseases listed in the first schedule of the Regulations. It is now necessary for the Master of every vessel entering the district from a foreign port with certain exceptions, to complete and sign a declaration of health which must be handed to the boarding officer of the Customs and Excise, the City Medical Officer or other officer of the health authority, whoever should board the vessel first. Free pratique will not be granted if the answers to any of the questions set out on the face of the form are in the affirmative.

Bed and Bedding

The lot of the seafarer nowadays is such, that so far as comfort and amenities are concerned, it is in no way comparable to the conditions prevailing on board vessels during the period between the two world wars. It was not until after the end of World War II. that an agreement was reached between shipowners and seamen in regard to the supply of free bed and bedding. Up to that time except in certain classes of ships, crews were obliged to supply their own. The types of mattresses provided vary from the semi luxurious to those made from fibre, flock, or straw only and are usually supported in the bunks by bed frames. With the exception of the former these mattresses due to loose packing, do not stand up to the average weight for any length of time and as a result it is quite a common spectacle to see the greater part sagging between the laths. In this condition they are more of a nuisance than anything else and are perhaps symbolical of the 1914 "donkeys breakfast."* What is actually required is a standard good quality mattress, so packed that it will give a reasonable amount of comfort for a reasonable length of voyage.

Disinfection of Second-hand Clothing, etc.

A certain amount of confusion persists in regard to the importation of cleaning-rags and second-hand clothing. Article 20 of the Regulations specifies *effectually disinfected by steam* and while we have overcome the difficulty formerly experienced in regard to certificates which indicated that the goods had been disinfected by chemicals, etc., some authorities still continue to certify that they have been *effectively sterilised* by steam or just effectively sterilised. This terminology is not acceptable to the Customs authorities with the results that importers have been put to unnecessary expense and the disinfecting department to considerable inconvenience. It seems almost impossible to get authorities concerned to alter the wording of their certificates to bring them within our requirements.

A total of 0 tons, 14 cwts., of imported secondhand clothing and cleaning rags were disinfected during the year.

Unauthorised Boarding

One case of unauthorised boarding came to the notice of the department during the year. In this instance, the City Medical Officer had been summoned after office hours by the Officer of Customs and Excise, to examine a sick member of the crew of a vessel from foreign which had just arrived. On boarding, it was reported to him that a clerk of a ship agency together with a stevedore and shiphandler, had already been on board discussing business with a member of the ship's company. Fortunately for the Master, the patient was not suffering from anything of an infectious nature and although unauthorised boarding is extremely irregular and punishable by a heavy fine it was considered that a warning to all concerned would meet the case. However to prevent any future recurrences of this nature, small warning slips printed in red, drawing the attention of Masters to the consequences of infringements of the Regulations governing this matter, have been affixed to page 1 of the Declaration of Health forms.

*A cheap type of ticking, loosely packed with straw which could be obtained at the larger seaports for the modest sum of one shilling.

Rat Infestation and harbourage.

It is very gratifying to record that modern rat proofing methods as applied to cargo spaces of vessels have reduced rodent infestation on board to an insignificant degree, so much so that it is now a rarity in this port to enforce deratting in order to obtain an International certificate. The last occasion in which cyanide was exposed for this purpose was in May, 1950. It was used again some twelve months later on the request of the owners of an Italian vessel although the local authority were quite prepared to issue an exemption certificate, as no rat life existed on board. Whilst cargo spaces, peaks, storerooms etc., have received the benefits of modern rat proofing technique, crew accommodation, in the mean while, has been more or less neglected in this respect. The modern tendency of sheeting in everything regardless of whether it is proofed or not, might eventually lead to conditions commensurate with those prevailing in cargo holds and bunker spaces of some years previously. A comparatively new modern cargo vessel was inspected during the year and it was found that rats, few in number, had gained access to accommodation on the starboard section of the amidships house and were nesting between steel shell and sheeting. The entrance to this harbourage was found in the pantry, common to firemen and seamen. It was in this compartment that the rats fed. If the infestation had not been discovered at this early stage, it might have spread rapidly to other vulnerable parts of the accommodation from which it would be most difficult to eradicate without deratting and subsequent stripping of large areas of sheeting.

Water Supply.

Drinking and boiler water is obtained directly from the public supply. There are upwards of 80 such hydrants available in this port. As mentioned in the section dealing with the supply to the City, the water is subjected to systematic sampling and bacteriological examination.

Table 83.—Return of Shipping—other than vessels not shipping or unshipping cargo—entering the Port since 1932.

Year	Number of Arrivals			Tonnage		
	Foreign	Coastwise	Totals	Foreign	Coastwise	Totals
1932	315	1,375	1,690	352,459	602,509	954,968
1933	399	893	1,292	371,757	462,047	833,804
1934	404	817	1,221	407,188	463,169	870,357
1935	285	1,015	1,300	323,631	525,062	848,693
1936	249	1,053	1,302	277,779	583,922	861,701
1937	250	1,098	1,348	300,730	594,396	895,126
1938	239	1,084	1,323	280,403	598,114	878,517
1939	202	1,074	1,276	274,660	521,801	796,461
1940	116	1,053	1,169	174,087	373,841	547,928
1941*	—	522	522	Nil	203,976	203,976
1946	83	653	736	92,416	307,694	400,110
1947	148	535	683	276,194	283,626	559,820
1948	149	787	936	245,967	510,896	756,953
1949	215	779	994	262,479	558,251	820,730
1950	291	864	1,155	361,289	582,921	944,210
1951	275	856	1,131	331,244	554,354	885,598
1952	273	908	1,181	286,195	609,565	895,760
1953	290	1,006	1,296	314,724	644,128	958,852

* Figures not available for years 1942 to 1945 inclusive.

Principal foreign ports from which vessels arrived during the year :—

U.S.A.—New York, Baltimore, Norfolk, Philadelphia, Galveston,
New Orleans, Newport News.

Canada—Halifax, St. John, Montreal, Sorel.

South America—Buenos Aires, Bahia Blanca, Montevideo, Santos,
Rio de Janeiro, Rosario.

North Africa—Casablanca, Oran, Algiers, Sfax.

Turkey—Izmir.

Greece—Piraeus.

Spain—Cadiz, Port Lexioes, Huelva, Valencia, Barcelona.

Portugal—Oporto, Lisbon.

France—Le Havre, Cherbourg, Rouen.

Belgium—Antwerp.

Holland—Rotterdam, Amsterdam.

Germany—Hamburg, Bremen.

Baltic Ports—Gotenborg, Danzig, Aalborg, Rafsu.

Canary Islands—Teneriffe.

Principal Cargoes landed in the Port.

Wheat and wheat offals, maize, barley, timber (dressed and undressed) fertilisers, phosphate, pyrities, motor car parts, motor oils and spirits, cement, coal, tractors, machinery, dried fruits, wine, roofing slates, cork, salt.

Table 84.—Return of Vessels entering the Port which were dealt with by the Department each month during 1953.

Month	Foreign Direct & Indirect	Coastwise	Total
January	12	63	75
February	18	55	73
March	15	49	64
April	17	55	72
May	14	66	80
June	22	59	81
July	7	24	31
August	18	56	74
September	15	73	88
October	14	77	91
November	13	74	87
December	21	46	67
Totals	165	651	816

Table 85.—Return of imports and Exports from 1932.

Year	Imports (tons)	Exports (tons)
1932	890,377	104,884
1933	710,149	89,319
1934	784,174	66,606
1935	743,939	63,219
1936	788,545	73,673
1937	829,704	78,530
1938	802,238	65,147
1939	900,644	105,659
1940	734,888	74,517
1941*	262,222	37,448
1946	375,494	36,159
1947	557,566	35,293
1948	651,848	48,884
1949	700,929	49,442
1950	895,920	73,635
1951	871,187	62,081
1952	756,953	69,494
1953	794,581	74,619

* Figures not available for years 1942 to 1945 inclusive.

Sanitary defects and nuisances dealt with during 1953.

Dirty Ice Boxes and Refrigerators	.....	.....	.....	.....	4
Dirty Focsles	.....	.....	.....	.....	79
Dirty Store Rooms, Wash Places and Lockers	.....	.....	.....	.....	37
Dirty Mess Rooms and Cabins	.....	.....	.....	.....	54
Dirty Stewards Storerooms	.....	.....	.....	.....	1
Dirty Galleys	.....	.....	.....	.....	22
Damp Quarters	.....	.....	.....	.....	9
Leaky Deckheads	.....	.....	.....	.....	12
Defective Port Frames, Discs and Prisms	.....	.....	.....	.....	17
Defective W.C. Fittings	.....	.....	.....	.....	11
Defective Flooring Boards	.....	.....	.....	.....	1
Defective Lockers	.....	.....	.....	.....	1
Defective Bogie Stoves	.....	.....	.....	.....	3
Defective Ventilation	.....	.....	.....	.....	5
Defective Bogie Stove Funnels	.....	.....	.....	.....	4
Verminous Quarters	.....	.....	.....	.....	4
Foul Water Closets	.....	.....	.....	.....	51
Ships' Gear in Accommodation	.....	.....	.....	.....	6
Defective Hawse Pipes	.....	.....	.....	.....	1
Defective Bulk Head	.....	.....	.....	.....	1
Defective Drainage	.....	.....	.....	.....	3
Foul Water Tanks	.....	.....	.....	.....	2
					<hr/>
			Total	.....	328
Verbal Notices Given	.....	.....	.....	.....	171
Written Notices Left on Board	.....	.....	.....	.....	37
Letters to Owners	.....	.....	.....	.....	2
Statutory Notice	.....	.....	.....	.....	2
					<hr/>
			Total	.....	212

A total of 1230 visits of inspection of vessels were carried out during the year.

Table 86.—Summary Vessels Inspected

Description	Number of Arrivals	Tonnage of Arrivals	Number Inspected	Number Found Defective and Dirty	No. of Defects & Nuisances Remedied
<i>Foreign</i> Steamers Direct & Indirect	290	314,724	183	33	22
<i>Coastwise</i> Motor & Steam	1006	644,128	679	181	159
Total	1296	958,852	862	214	181

Table 87.—Rat Control Summary of Trapping during year.

Month	ASHORE			ABOARD			Total	P.M. Exams
	Brown	Black	Total	Brown	Black	Total		
Jan.	0	4	4	0	1	1	5	2
February	1	1	2	0	3	3	5	1
March	0	3	3	0	1	1	4	3
April	1	2	3	0	0	0	3	1
May	1	2	3	0	1	1	4	3
June	2	0	2	0	0	0	2	1
July	1	0	1	0	0	0	1	1
August	0	1	1	0	0	0	1	1
September	2	2	4	0	0	0	4	3
October	2	1	3	0	0	0	3	1
November	4	1	5	0	0	0	5	3
December ..	1	1	2	0	0	0	2	1
Totals	15	18	33	0	6	6	39	21

*All post-mortem examinations proved negative.

Table 88.—Rats trapped in the Port since 1938.

Year	No. rats trapped	No. of P.M.'s	Results
1938	199	136	Negative
*1939	231	149	"
1940	146	66	"
1941	119	28	"
1942	43	20	"
1943	32	23	"
1944	34	21	"
1945	42	28	"
1946	52	25	"
1947	56	31	"
1948	51	34	"
1949	44	29	"
1950	52	24	"
1951	46	21	"
1952	47	22	"
1953	39	20	"

* Poisoning campaign commenced in the mills and stores abutting the dock area.

Section XI.—Meteorology

I am indebted to Prof. H. N. Walsh, University College, for the following particulars concerning the weather conditions during the year.

In the tables which follow the figures have been converted into *decennial averages* from the earliest period available to the year 1950. Figures for the individual years may be found in reports for the year 1950 and preceding years.

Table 89.—Rainfall in inches for *each quarter* from 1901 (expressed as decennial averages to 1950) :—

Period	I.	II.	III.	IV.	Total (<i>Avg.</i>).
1901-1910	10.12	7.78	8.76	10.8	37.56
1911-1920	11.34	7.71	8.98	13.12	41.15
1921-1930	12.82	7.41	9.46	13.64	43.33
1931-1940	11.79	7.33	7.86	12.61	39.58
1941-1950	11.03	7.12	9.29	13.44	40.88
1951	12.42	7.10	12.49	16.42	48.43
1952	6.59	5.71	4.59	13.59	30.84
1953	3.86	7.73	11.71	10.63	33.93

Table 90.—Mean temperature for *each quarter* from 1901 (expressed as decennial averages to 1950) :—

Period	I.	II.	III.	IV.	Avg. for Period
1901-1910	40.16	50.04	56.48	43.23	44.47
1911-1920	39.68	49.44	54.85	42.93	46.72
1921-1930	42.75	51.36	57.99	45.31	49.36
1931-1940	43.28	53.34	59.54	45.97	50.52
1941-1950	43.49	53.06	59.09	46.87	50.65
1951	40.7	51.5	59.0	47.4	49.60
1952	42.3	54.5	59.0	46.1	50.4
1953	43.2	53.3	59.0	47.3	50.7

BAROMETER

The mean reading for 1953 was 29.91 inches. The highest reading was 30.82 inches on 11th March and the lowest 28.75 inches on the 1st November. (*Note* : The reading at Ballinacurra on 4th February, 1951 was 28.17 inches which is noted as being the lowest ever recorded since observations began there in 1905. The *Cork Examiner* of 5th February 1951 reported Air Ministry reading at Kew of 28.4 inches which is referred to as the lowest since February 1871, when readings began there. In the same journal Major T. J. O'Donovan, Ballybeg, Cobh, reported a reading of 27.7 inches and Mr. J. M. Flannagan, Cobh, reported two separate readings—27.45 inches at 9.30 a.m. and 28.25 inches at 12.40 p.m., confirmed by readings on two separate barometers. The unprecedented fall was the prelude to a fierce gale which broke over the district about 8.30 on that evening and raged with unabated fury during the night doing much damage to houses.)

TEMPERATURES IN SCREEN

The mean temperature for the year was 50.7. The warmest days were 29th and 30th June and 1st July with a maximum shade temperature of 70°F. The coldest night was 5th January with a minimum shade temperature of 27°F.

TABLE 92.—MONTHLY RAINFALL IN CORK FROM 1881 (DECENNIAL AVERAGES FROM 1881 TO 1950)

PERIOD	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Rainfall	Rain Days
1881-1890	4.14	3.94	3.20	2.49	2.46	2.32	2.89	3.13	2.62	3.00	4.00	3.76	37.93	203
1891-1900	3.83	2.71	1.89	2.85	1.86	2.47	2.22	4.17	2.29	4.25	4.37	6.12	39.08	197
1901-1910	3.77	3.16	3.19	2.70	2.23	2.84	2.55	3.29	2.93	3.61	3.16	4.25	37.46	200
1911-1920	4.00	4.06	3.25	2.22	3.19	2.30	3.03	3.20	2.74	3.93	3.69	5.23	40.12	205
1921-1930	5.32	4.29	3.20	2.92	2.58	1.91	3.00	3.68	2.78	4.03	4.68	4.93	43.37	207
1931-1940	4.69	3.44	3.76	2.54	2.69	1.93	2.95	2.06	2.85	3.32	4.89	4.42	39.58	200
1941-1950	4.94	3.08	3.08	2.30	2.75	2.47	2.87	3.14	3.27	4.33	4.38	4.77	40.88	205
1951	5.10	4.50	2.82	2.09	2.52	2.49	1.30	4.40	6.79	3.02	6.48	6.92	48.43	239
1952	3.52	0.31	3.12	2.26	2.17	1.28	0.63	3.38	0.58	6.80	3.93	2.86	30.84	192
1953	1.42	1.56	0.88	3.25	3.38	1.10	3.39	2.27	6.05	4.30	2.68	3.65	33.93	193

The greatest rainfall in any one month was 16.11 ins. in December 1899.

The lowest rainfall in a single month was 0.02 inches in June, 1921.

The maximum number of consecutive days with rain was 21 (ended 12th February, 1918).

Greatest number of days without any rain (absolute drought) was 26, (ended 3rd July, 1897).

TABLE 91.—AVERAGE SHADE TEMPERATURES AT CORK FROM 1884 (EXPRESSED AS DECENNIAL AVERAGES FROM 1891 TO 1950). MEAN TEMPERATURES SHEWN TO NEAREST WHOLE NUMBER.

PERIOD	January		February		March		April		May		June		July		August		Sept.		October		Nov.		Dec.		Mean Yearly Tempera- ture of Period
	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	Max.	Min.	
1884-1890	54-29-43		53-28-44		56-27-42		61-30-47		68-39-52		75-43-59		76-44-61		74-43-60		69-39-55		62-33-50		58-27-46		54-26-42		50.0
1891-1900	53-23-40		54-25-41		58-27-43		62-31-48		69-35-52		76-41-58		75-44-61		73-44-60		69-38-56		62-31-48		57-31-45		53-26-43		50.0
1901-1910	50-25-40		51-25-39		54-29-42		59-31-45		67-34-50		71-42-55		74-44-58		71-42-57		67-38-54		62-30-50		54-25-42		51-26-40		48.0
1911-1920	51-31-40		51-30-41		53-32-42		57-34-45		66-37-51		68-40-54		71-43-57		70-44-57		66-39-53		59-34-48		55-30-43		51-29-40		47.0
1921-1930	55-27-44		54-27-42		57-27-43		61-29-46		71-34-52		72-39-56		76-44-61		73-42-58		69-37-54		64-32-52		58-25-43		54-26-42		49.0
1931-1940	54-28-42		55-30-42		57-30-44		62-34-48		68-37-53		73-44-59		74-47-60		75-44-60		71-38-56		63-36-48		57-30-44		55-28-41		50.0
1941-1950	52-28-41		53-30-42		59-32-45		64-34-49		69-36-52		73-45-58		73-48-59		73-47-61		69-41-56		63-37-50		56-32-45		53-31-43		50.0
1951	55-25-40		52-28-40		60-23-42		67-28-47		65-35-50		75-41-58		75-44-59		73-45-59		70-43-56		64-32-48		57-27-42		54-28-41		52.0
1952	56-24-40		52-27-38		59-31-45		67-29-48		76-34-55		79-39-59		79-41-60		74-44-59		71-34-52		62-32-47		61-21-41		54-25-39		50.5
1953	53-23-38		58-28-43		61-28-44		71-28-49		73-33-53		79-39-59		79-45-62		75-44-59		71-43-57		63-31-47		56-27-41		55-32-43		49.5

Figures for each individual year are presented in report for 1950 (and previous years).

SUNSHINE

Total No. of hours of *bright sunshine* 1953 was 1391.6

	Hours		Hours
1930	1,478.1	1942	1,482.5
1931	1,313.8	1943	1,093.8
1932	1,282.5	1944	1,209.1
1933	1,465.8	1945	1,263.8
1934	1,480.1	1946	1,274.4
1935	1,442.0	1947	1,252.9
1936	1,357.5	1948	1,333.5
1937	1,259.4	1949	1,479.9
1938	1,350.9	1950	1,345.7
1939	1,393.1	1951	1,428.3
1940	1,493.9	1952	1,376.8
1941	1,246.5		

SUMMARY OF WEATHER OBSERVATIONS AT CHARLESTON, BALLINACURRA

January :

BAROMETER	Highest	30.66	on the 19th
	Lowest	29.91	„ „ 1st
	Mean for the Month	30.34	

THERMOMETER : Highest 53°F on the 27th and 28th
 Lowest 24°F on the 4th
 Mean for the Month 42.3°F.

SUNSHINE : 46.8 hours which is 1.2 hours below average.

RAIN : 1.07" which is 2.8" below average.

WINDS : Veered from North to South through West
 and were light to moderate.

REMARKS : The year opened with a week of very cold weather with the average maximum temperature about 45°F. and night minimums dropping as low as 24°F. on the 4th. Most of January's rain fell in this week, in spite of severe ground frosts, and the remainder of the month was exceptionally dry, so that 1953 has given us the driest January since 1935.

Temperatures rose considerably on and after the 9th and a week of clammy, foggy conditions prevailed although we were fortunate in escaping the very dense fogs of other areas.

The second half of the month was very fine, with high day temperatures and occasional ground frosts, but nights were mainly mild.

January has been a splendid month for farm and garden and the dry weather has enabled important winter cultivations and ploughing to be carried out under excellent conditions so that generally agriculture is well forward.

We were much blessed in escaping the gale which, as January met February, brought such devastation and catastrophe in the Irish Sea, Eastern England and the Continent.

February :

BAROMETER : Highest 30.72 on the 28th
 Lowest 29.05 " " 10th
 Mean for the Month 30.26

THERMOMETER : Highest 56 on the 20th
 Lowest 27 " " 2nd
 Mean for the Month 42.8

RAINFALL : 1.37" which is 1.69 below average.

SUNSHINE : 68.4 which is .4 above average.

WINDS : Very bright and northerly for the first of the month ; then swinging S. West and strengthening to reach gale force on the 10th remaining squally and variable until another gale was recorded on the 14th. Subsequent winds were from the South West and very light until the 23rd when they strengthened considerably, touching gale force in squalls on the 24th and then dropping to very light Easterly airs.

REMARKS : February was a splendid month. The long anticyclone continued uninterrupted during its first week with light Northerly winds and bright sunshine by day and ground frosts at night. There was heavy rain on the 8th, and 9th, but for the remainder of the month there was no rain of any significance, so that this has been an exceptionally dry February, following a very dry January. When readers remember that, in 1952 the rainfall was 9 inches less than normal they will realise that much rain is due to us, and is needed to raise springs, wells and streams to their proper level

After a brief spell of strong winds from the 10th to the 14th a period of light Westerly winds brought a quick rise in temperatures, which gave a great stimulus to early plant development and growth is very forward. Farmer and gardener have had wonderful weather conditions for the preparation of the seed beds.

March :

BAROMETER : Highest 30.88 on the 11th
 Lowest 29.71 " " 30th
 Mean for the Month 30.50

THERMOMETER : Highest 58°F on the 20th
 Lowest 28°F " " 20th
 Mean for the Month 43.7°F.

SUNSHINE : 145.6 hours which is 30.6 hours above average.

RAINFALL : .80" which is 2.25" below average.

WINDS : Light in force throughout the month and from the East and North-East until the last four days of March when winds strengthened and came South-East.

REMARKS : 1953 brought us a splendid March, remarkable for the number of cold foggy mornings and evenings and the delightful sunshine which dispersed the fog for many hours most days.

The anti-cyclone of previous weeks continued uninterrupted for the first four weeks of the month. With the exception of an inch of rain which fell between the 7th and 9th February and half an inch of rain between the 2nd and 4th January, there has been no rain of any significance this year. Our normal rainfall for January, February and March is just over 10 inches—in 1953 it has amounted to 3.2 inches. Coming after the very low rainfall of 1952, this is a very serious position: the level of springs, wells, lakes and streams is dangerously low and the showers which fell at the close of March were most urgently needed to relieve drought conditions.

The weather throughout the month was ideal for the preparation of seed beds and for spring sowings.

April :

BAROMETER :	Highest	30.47 on the 15th
	Lowest	29.48 „ „ 27th
	Mean for the Month	30.00

THERMOMETER :	Highest	..	66°F on the 23rd
	Lowest	....	28°F „ „ 3rd and 8th
	Mean for the Month		45.6

SUNSHINE : 195.7 hours which is 37.7 hours above average,

RAINFALL : 3.56" which is 1.19" above average.

WINDS : Variable, and mainly light, but worked up to gale force on the night of the 10th/11th.

REMARKS : The first five days of April were broken, with a sudden cold spell, and heavy showers of rain, sleet and hail, followed by warmer days with bright sunshine and ground frosts at night. Strong wind from the South brought another inch of rain between the 10th and 11th and then a delightful anti-cyclone set in with bright sunshine, light winds and spring weather at its best. Heavy rain on the 30th amounted to over an inch, bringing April's total higher than in any year since 1937. Following the remarkably dry winter and early spring, this rainfall was of very great benefit to the country, and its effects were immediately visible in plant development.

May :

BAROMETER :	Highest	.....	...	30.63	on the 28th
	Lowest	.....	.	29.44	„ „ 15th
	Mean for the Month	30.19			

THERMOMETER :	Highest	.... ..	68°F on the 6th and 25th
	Lowest	" "	33°F " , 1st
	Mean for the Month	54.25°F.	

RAINFALL : 2.69" which is .14" above average.

SUNSHINE : 190.8 hours which is 2.8 hours above average.

WINDS : Easterly and very light, for the first 10 days of May; then swinging through South to South-West and rising in strength to heavy squalls reaching gale force on the 15th. Subsequently winds were variable but mainly westerly and light to moderate.

REMARKS : The beginning of May was fine and delightful, with rising temperatures and long hours of bright sunshine, but this pleasant anti-cyclone broke on the 12th with heavy rain and rising winds, and weather remained cool and unsettled until the 22nd, after which another anti-cyclone set in and temperatures again rose though sunshine was intermittent.

May was a splendid growing month, with warm sunshine and 2.69 inches of rain at a time when it was most beneficial to the crops, which are looking well for the time of year.

June :

BAROMETER :	Highest	30.35 on the 27th
	Lowest	29.65 „ „ 21st
	Mean for the Month 30.10	
THERMOMETER :	Highest	77°F on the 28th and 30th
	Lowest	38°F „ „ 6th
	Mean for the Month 57.3	
RAINFALL :	1.09 inches, which is 1.01 inches below average.	
SUNSHINE :	207.9 hours, which is 22.9 hours above average.	
WINDS :	Were light and mainly from the North and West, but drew to the South in the middle of the month.	

REMARKS : June opened with ten days of dry, Northerly, rather cool weather, and relatively low night temperatures, but a backing of the wind to the West and South-West brought a marked increase in temperatures and some welcome showers, culminating in heavy rain on the 20th. The remainder of the month was brilliantly fine and warm, with high temperatures climbing to touch 77°F. on the 28th and 30th, and very warm nights.

This month, so kind to holiday makers, was a splendid one for the development of corn crops, and provided ideal conditions for early hay making, but everything else is in urgent need of rain. Since the 1st July last year, we have had eight months with less than their normal rainfall (July, September, November, December, January, February, March and June) and our total rainfall has only amounted to 26.94 inches, against an average for 48 years of 37.68 inches so that there are almost 11 inches of rain due to us.

July :

BAROMETER :	Highest	30.37 on the 4th
	Lowest	29.57 „ „ 12th
	Mean for the Month 29.97	
THERMOMETER :	Highest	77°F on the 1st
	Lowest	41°F „ „ 15th
	Mean for the Month 59.0	
SUNSHINE :	197.7 hours which is 27.7 hours above average.	
RAINFALL :	3.76 inches which is .98 inches above average.	
WINDS :	After a week of light North-Westerly weather, winds backed to the South, South-West and West, and swung between these points for the rest of the month, and were moderate to fresh.	

REMARKS : July was a month of very broken weather, and it was the frequency of rain rather than the amount of it which made it so disappointing for holiday makers and so difficult for hay makers. June's anti-cyclone continued with bright sunshine but falling temperatures for the first ten days of July, but then winds shifted to the South-West, and in the remainder of the month there were only two rainless days. Most of the rain recorded fell on the 16th (0.3"), 19th (0.6"), 24th (0.3"), and 30th (0.6"). This broken three weeks has left such an impression of wet weather that many readers will be surprised to learn that with 197.7 hours of bright sunshine this has been the sunniest July since 1935, although in 1951 the total of 195 hours came close to this year's.

Though the rainfall was so unkind to those having holidays, it has slowed down ripening of corn, and retarded in some degree an otherwise extraordinarily early harvest, and has greatly enhanced the quality of corn and root crops, except in those patches where lodging has occurred. It has been of immense benefit to rivers and streams.

August :

BAROMETER :	Highest	.....	..	30.46	on the	6th
	Lowest	....		29.77	,, ,,	21st
	Mean for the Month			30.13		

THERMOMETER : Highest 76°F on the 5th
 Lowest 43°F „ „ 26th
 and 27th
 Mean for the Month 58.8°F.

SUNSHINE : 161.4 hours which is 1.4 hours above average.

RAINFALL : 2.97 inches which is .28 inches below average.

WINDS : South to West throughout the whole month and light for the first fortnight, strengthening somewhat for the remainder of August, with a tendency to squalls.

REMARKS : The first fortnight of August was delightful, with summer weather at its best, but this pleasant anti-cyclone was broken by heavy rain on the 14th and the remainder of the month was changeable, with frequent showers, lower temperatures, warm but intermittent sunshine, and on the night of the 28th/29th very heavy rain, amounting to over an inch.

Harvesting of corn began exceptionally early under splendid conditions, but from the middle of August has been difficult, with frequent interruptions and delays.

September :

BAROMETER :	Highest	.....	.....	30.59	on the	7th
	Lowest	.....	.....	28.89	„ „	21st
	Mean for the Month	30.01				

[illegible]

SUNSHINE : 124.5 hours, which is 7.5 hours below average.

RAINFALL : 4.87 inches, which is 2.11 inches above average.

WINDS : Were mainly from the West and South, and were strong in the first few days of September, then light, but increased in the middle of the month. There was a South-Easterly gale on the night of the 20th/21st after which winds were light and very variable.

REMARKS : September inherited broken weather from August, and for five days remained unsettled. Then followed a week's anti-cyclone, with bright, sunny days and high day temperatures, but cooler nights. This pleasant spell was of immense benefit in saving the harvest and threshing corn, but was all too brief. The anti-cyclone broke on the 13th September, and during the remainder of the month there was only one rainless day. Very heavy rain fell on the 16th (0.71"), 18th (0.53"), 19th (0.78") and 20th (0.59"), though none of these falls is comparable to the extraordinary rainfall in Cork City, and in Douglas, over the same period.

While the frequent and heavy rain during the second half of September made every place wet and miserable, and the atmosphere was charged with damp, the year's highest spring tides threatened low lying coastal and tidal areas, and we must be thankful that they did not synchronise with the South-Easterly gale which swept our country on the night of the 20th/21st, bringing hardship and peril to those on sea.

While the broken weather of this month has made harvesting most difficult and subject to frequent delays and breaks, it has encouraged a spate of colds and chills and similar ailments.

October :

BAROMETER : Highest 30.62 on the 6th
Lowest 29.26 ,, ,, 27th
Mean for the Month 29.54

THERMOMETER : Highest 60 °F on the 3rd
Lowest 30 °F ,, ,, 28th
Mean for the Month 49.7 °F.

SUNSHINE : 98.1 hours which is 3.1 hours above average.

RAINFALL : 3.14 " which is 0.65 " below average.

WINDS : With the exception of a northerly spell from the 12th to the 16th winds were Southerly. Though light during most of the month they gained strength in its last week and reached gale force on the 26th.

REMARKS : After the very wet weather in September, October did its best to make amends and opened with a welcome anti-cyclone, with light Southerly winds and foggy mornings giving way to bright sunny days; night temperatures dropped sharply. The anti-cyclone broke on the 11th and there was very heavy rain on the 12th, 13th, and 15th and though weather again improved it remained unsettled.

After the very difficult harvest weather in September, the fine spell in the first 10 days of October was a great help for late threshings of corn and farmers throughout the area made the most of it: subsequent threshing were subject to tiresome delays but October as a whole was a good month, providing good conditions for Autumn work on farm and in garden and with its bright sunshine helping to shorten our approach to winter. In spite of this, the average temperature for the month was the lowest since 1944.

November :

BAROMETER :	Highest	.....	30.57 on the 17th
	Lowest	.....	28.91 „ „ 1st
	Mean for the Month 30.13		
THERMOMETER :	Highest	.....	56°F on the 7th and 14th
	Lowest	.....	27°F „ „ 29th
	Mean for the Month 46.8°F.		
RAINFALL :	3.25 " which is .64 " below average.		
SUNSHINE :	46.6 hours which is 16.4 hours below average.		
WINDS :	November 1st opened with a strong S.S.W. wind which swung to W.N.W. and rose to gale force that afternoon. Subsequent winds were mainly from the South and West and were very variable in strength.		

REMARKS : November was a mild, damp month, with grey skies, frequent light rain and high humidity. Indeed there were only 5 days in which no rain was recorded and it was the frequency of the rain which gave such an impression of all pervading damp, coupled with low sunshine.

Temperatures remained high until the very end of the month and it was not until the night of the 29th that we had the first hard frost of the winter, with a minimum of 27°F. On the 23rd the minimum was as high as 50°F so that in six days there was a 23° drop, and on Saturday, 28th, in spite of some sunshine the maximum day temperature at 44°F. was 6° lower than the minimum night temperature earlier in the week.

The frequent rain had made the ground soft and muddy, and there was little drying in the month, so that all work on the land has been much slowed down.

December :

BAROMETER :	Highest	.....	30.74 on the 31st
	Lowest	.....	29.62 „ „ 3rd
	Mean for the Month 30.18		
THERMOMETER :	Highest	.....	64°F on the 6th and 8th
	Lowest	.....	30°F „ „ 20th
	Mean for the Month 47.9°F.		
RAINFALL :	2.94 " which is 1.23 " below average.		
SUNSHINE :	19.1 hours which is 22.9 hours below average.		
WINDS :	Were mainly from the South and West and very light for the first 12 days of the month, then strengthened slightly and veered South East, but after the 20th, went back to the South West and were very light.		

REMARKS : December was an exceptionally mild month, with grey overcast skies, high humidity and light airs from the South and West, and it set up two new records—it was the warmest December since Weather Observations began here in 1905, and paradoxically, gave the lowest sunshine, beating 1947's low record of 20 hours by the narrow margin of one hour.

The foggy conditions, so blanketing in other places, were lurking near this area and visibility was poor during most of the month. In the first part of December humidity was exceptionally high, so that in spite of low rainfall the ground was damp and heavy and difficult to work until ground frosts beginning on the 18th brought harder, drier conditions.

Appendix I.

OPERATION OF THE SCHEME FOR THE
TREATMENT OF VENEREAL DISEASES

Table 93.—Record of Work Done in the V.D. Treatment Centre.

	Cork City		Cork County		Other Districts		Total		Total male and Female Cases
	M.	F.	M.	F.	M.	F.	M.	F.	
<i>New Cases (1st time)</i>									
Syphilis	2	5	5	3	2	—	9	8	17
Soft Chancre	—	—	—	—	—	—	—	—	—
Gonorrhoea	4	3	2	—	7	—	13	3	16
Not. V.D.	4	18	2	2	6	—	12	20	32
Total ..	10	26	9	5	15	—	34	31	65
<i>Total Attndances :—</i>									
Syphilis	201	475	192	338	2	—	395	813	1208
Soft Chancre	—	—	—	—	—	—	—	—	—
Gonorrhoea	26	22	30	—	11	—	67	22	89
Not V.D.	11	44	8	12	—	—	19	56	75
Total ..	238	541	230	350	13	—	481	891	1372
<i>Cured :—</i>									
Syphilis	1	2	4	—	—	—	5	2	7
Soft Chancre	—	—	—	—	—	—	—	—	—
Gonorrhoea	4	3	2	—	8	—	14	3	17
Not V.D.	—	—	—	—	—	—	—	—	—
Total ..	5	5	6	—	8	—	19	5	24
<i>Pathological Exams.:—</i>									
Wassermann	80	31	61	18	5	—	146	49	195
Gonococci	12	2	4	—	3	—	19	2	21
Kahn	52	27	49	17	5	—	106	44	150
Total ..	144	60	114	35	13	—	271	95	366
<i>Theraphy :—</i>									
Arsenicals	8	265	6	169	—	—	14	434	448
Bismuth Preparations	30	117	17	111	—	—	47	228	275
Irrigations	—	—	5	—	—	—	5	—	5
Douches	—	—	—	—	—	—	—	—	—
Penicillin	209	50	121	22	20	—	350	72	422
Potassium Iodide	5	—	1	—	—	—	6	—	6
Total ..	252	432	140	302	20	—	422	734	1156

Table 94.—Record of *new cases* treated annually at Centre.

Period	Syphilis	Soft Chancre	Gonorrhoea	Not. V.D.	Total
1938	29	—	42	34	105
1939	37	1	27	42	107
1940	34	8	30	46	118
1941	25	6	42	68	141
1942	54	4	63	67	188
1943	113	4	79	101	297
1944	81	1	49	116	247
1945	59	—	63	107	229
1946	73	—	48	130	251
1947	46	—	39	91	176
1948	50	—	39	99	188
1949	26	—	17	68	111
1950	20	—	17	64	102
1951	15	—	11	27	53
1952	13	1	26	57	97
1953	17	—	16	32	65

Table 95.—Record of new cases treated during 1953 (non V.D. Cases not included).

Period	Males	Females	Total
Jan.	2	1	3
Feb.	1	1	2
Mar.	1	1	2
April	1	0	1
May	3	1	4
June	3	1	4
July	1	0	1
Aug.	3	0	3
Sept.	1	2	3
Oct.	3	1	4
Nov.	2	1	3
Dec.	1	2	3
Totals	22	11	33

Table 96.—Monthly attendances at V.D. Centre, 1953.

Period	Males	Females	Total
Jan.	31	88	119
Feb.	40	81	121
Mar.	49	86	135
April	52	54	106
May	42	54	96
June	44	91	135
July	35	74	109
Aug.	18	65	83
Sept.	41	67	108
Oct.	41	80	121
Nov.	46	82	128
Dec.	42	69	111
Totals	481	891	1372

The total number of new cases (Male and Female) of Gonorrhoea and Syphilis treated during the year was 33. This represents a decrease on last year's figure, which was 40.

Appendix II.

OPERATION OF THE COUNTY BOROUGH SCHEME FOR THE WELFARE OF THE BLIND

The following are the terms of the Scheme drafted for this purpose and now in operation within the Borough :—

In this scheme the term “ Blind Person ” shall mean any inhabitant of the County Borough who is so blind, as to be either unable to perform any work for which eyesight is essential, or unable to continue his or her ordinary occupation ; the term “ The Corporation ” shall mean the Lord Mayor, Aldermen and Burgesses of the County Borough of Cork. acting by the City Manager ; the term “ The Minister ” shall mean the Minister for Social Welfare.

2. The Corporation will establish and maintain a Register in which shall be entered the name and address, age, sex, religion and other necessary particulars of every blind person who shall produce a certificate from a recognised Ophthalmic Surgeon that the acuity of vision of such person (refractive error being corrected) is below 1/20th normal (3/60th Sneelen), or that such person is so blind as to be unable to continue his or her ordinary occupation. Any person between the ages of 21 and 70 may, however, be registered without producing such certificate on furnishing evidence of being in receipt of a pension in pursuance of Section 6 of the Old Age Pensions Act, 1932, as amended by Sections 12 of the Social Welfare Act, 1948. The Register shall be kept written up to date and shall be revised annually in the month of January. The Corporation shall be empowered to pay reasonable fees to Ophthalmic Surgeons for certifying in cases of necessitous persons.

3. Arrangements will be made by the Corporation with the Authorities of one or more of the Institutions for the Blind mentioned in the Schedule hereto on such terms as may be approved by the Minister for the following purposes :—

- (a) the education or industrial training of suitable blind persons between the ages of five years and thirty years ;
- (b) the employment in workshops for the Blind of blind persons suitable for such employment, their maintenance in a Hostel, and the augmentation of their wages ;
- (c) the maintenance in Homes of blind persons who, owing to age or infirmity, are incapable of work.

4. The Corporation may in cases of unemployed and necessitous blind persons ineligible for education or industrial training under Article 3 (a) of this Scheme and living in their own homes or in lodgings, grant assistance to such persons in accordance with the following scale :—

Classification of Blind Persons	Amount of weekly allowance	
	s.	d.
(a) Blind person over 16 years and under 21 years of age	20	0
(b) Blind person 21 years of age and upwards	17	6
	(with pension)	
	s.	d.
(c) Married man under 21 years of age with wife dependent on him	25	0
(d) Married man 21 years of age and upwards with wife dependent on him	20	0
	(with pension)	
(e) Additional allowance for each child (under 16 years)	3	6

In considering the grant of allowances on this scale to the classes of blind persons at (a) and (c) above, the Corporation will not take into account casual earnings of any such person where they are satisfied that such earnings do not exceed ten shillings per week.

5. Nothing in this Scheme is to be construed as giving blind persons irrespective of their means or conduct, a right absolute to assistance. The Corporation will not grant an allowance under Article 4 above to any blind person under 21 years of age who is capable of instruction and who declines without a satisfactory reason to take advantage of the facilities for education, training or employment under the Scheme, or who is by conduct or otherwise deemed unsuitable for assistance. No habitual mendicant shall be granted an allowance under the Scheme unless the practice of mendicancy is discontinued. No person shall be eligible to receive assistance under this Scheme who shall not have been resident within the County Borough for two years previous to date of application for assistance.

6. The Corporation, with the approval of the Minister, may make arrangements with the authorities of a recognised Training Centre for the provision of a course of higher education or technical training for capable pupils who have satisfactorily completed their elementary education.

7. The Corporation may pay to the National Council for the Blind of Ireland such subsidy as may be approved by the Minister in respect of the services of Home Teachers employed by the said National Council.

8. The Corporation may incur such expenditure in the execution of this Scheme as the Minister may from time to time approve.

9. This Scheme shall come into operation on the 1st January, 1950, and shall with the consent of the Minister continue from that date but may, with like consent, be modified, extended or revoked by the Corporation. Any question, dispute or difference arising in connection with the interpretation of this Scheme shall be determined by the Minister whose decision shall be final.

SCHEDULE

Institutions for the Blind Approved by the Minister	Class of Blind Persons Received
1. St. Mary's Institution for Female Blind, Merrion, County Dublin	Females, also boys up to 7 years of age.
2. St. Joseph's Asylum for Male Blind, Drumcondra, Dublin	Males
3. Richmond National Institution for Industrious Blind, 41, Upper O'Connell Street, Dublin	Males
4. Cork County and City Asylum for the Blind, Infirmary Road, Cork	Males and Females

The number of persons receiving weekly allowances in their own homes from the Corporation during the year was 267, and the disbursements under the heading amounted to £12,151 3s. 7d., 17 applications were received for allowances. Other disbursements amounted to £140 18s. 6d. (examinations, grant to National Council and other expenses). In addition to the above-mentioned, 24 cases were maintained in Institutions by direct grants from the Corporation, viz. : Cork Blind Asylum (9 males and 7 females); St. Mary's Merrion, (1 Male and 7 females). The total cost of the maintenance amounting to £12,010 5s. 1d.

The following note is contributed by the Hon. Secretary of the local branch of the National Council for the Blind of Ireland.

Home Teaching for the Blind

Under the National Council for the Blind, this very essential service has been inaugurated in Cork City, to which the Corporation has granted a small annual contribution towards the expenses incurred by employing trained and qualified Home Visitors and Teachers.

The work of the Home Visitor is varied and broad, embracing social as well as mental instruction. She must help the blind to become active members in their homes, teach them to read embossed type, various handierfts, such as knitting and rugmaking, and to bring an interest and hope into their otherwise hopeless lives.

The Home Visitor can help to prevent blindness in children, who often, through parental ignorance and negligence, or want of interest, lose their sight, which under proper care and supervision can be cured by seeing that they are provided with glasses where necessary and sent for treatment. She also gives her assistance and advice over pension applications, appeals and better accommodation.

Wireless sets are distributed on loan where most required, entertainments organised and free seats at musical shows secured. Voluntary visitors also give their services to read and spend some time talking to the lonely blind, who greatly appreciate these visits. Classes are held weekly for instruction in basket making, chair-caning and other forms of handicraft. The finished articles are presented for sale only if up to standard—no inferior goods labelled “Made by the Blind” are passed for sale. Efficiency is the definite aim. The Home Teacher becomes a real friend of the Blind, who turn to her in all their difficulties, knowing that they will obtain help and encouragement to become as useful and important as their sighted brothers and sisters. Suitable cases are urged to enter institutions for the blind and arrangements made for this purpose. The Home Teacher has office hours daily where any blind or defective sighted person can get in touch with her and make enquiries. Over the Home Visitor is an Executive Council who meet monthly, receive the reports of the Home Visitor, deal with various cases, arrange the financial side of the work and follow closely and with interest the progress which is being made.

The following is a resume of the work done by the Home Visitors of the National Council for the Blind.

Number of Cases on Register on 31st December	490
Visits paid to Blind	2,030
Visits paid on behalf of the Blind	322
Interviewed at office, City Hall	1,120
Number of Braille readers	19
Number of Moon readers	6
Number attending Men's Handicraft Class	15
Number attending Women's Handicraft Class	7
Number of Home Workers whose work is of saleable standard	39
Number helped with Artificial Eyes and Spectacles	0
Number given Fuel and Christmas Gifts	97
Number given help to buy Dentures	0
Number given Nourishment and Relief	145
Helped to purchase Furniture and Bedding	6
Individuals issued with Penny Dinner Tickets	0
Sent to Institutions for the Blind	1

Appendix III.

PHYSICAL FEATURES OF THE AREA

The City of Cork is situated on the river Lee, fifteen miles from its mouth in Cork Harbour. On the north bank of the river there is steep rising ground almost prohibiting building development, save in the form of hillside roads and open building of large houses, with the exception of the marked break of the Blackpool valley, very full use of which has been made. Next comes the flat island comprising the centre of the City. This island is almost entirely artificial, and consists of six feet of filled-in material, with ten feet of slob below that and then gravel overlying old red sandstone. Southwards is a gently undulating tract of land about one and a half miles wide enclosed by a range of hills. There is a considerable amount of land liable to flood in the Lee Valley, west of the city, towards Carrigrohane, and the flatness of the islands on which the city is built and the height to which unusual tides ascend being nearly to the crown of the arches of the old bridges, render certain portions of the city itself also liable to flooding.

The geological formation of the city region is simple and clearly marked in its effect on the landscape. There are only two systems visible, both paleozoic rocks, the carboniferous limestone and the older underlying Devonian, representing the old red sandstone. Each of these formations is in two series ; the carboniferous in a crystalline limestone and in a dark shale (with some 10 feet slate) ; The Devonian in the upper old red sandstone (yellowish and reddish) and in the lower, old red sandstone (red and purple). The characteristic aspect of the countryside has been caused by the crinkling of these strata into regular parallel folds. Further the limestone which should have formed the ridge of the anticlines has been denuded or dissolved away, so that the highest ground consists of old red sandstone, and even the lower series of this ; the hollow folds, floored by limestone have been subsequently protected from further denudation by a covering of boulder clay. In this immediate region there are thus three old red sandstone ridges and two limestone valleys, in the northern of which the city stands under the brow of the northern sandstone ridge. If this sandstone ridge had possessed its original limestone capping, it would probably have been at least 2,000 feet high.

